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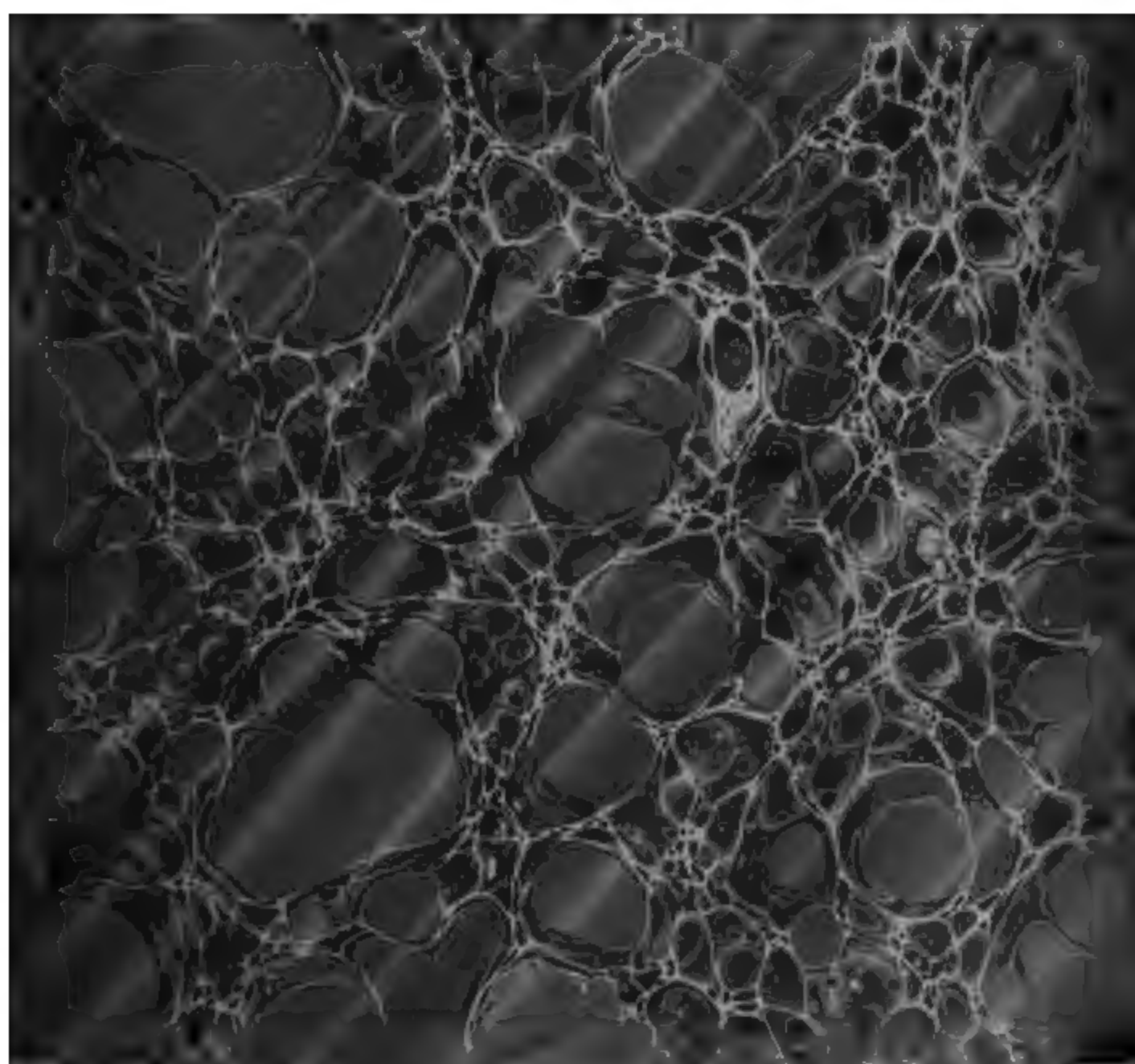
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THE

L. J. Abbott

Cincinnati Medical Observer.

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ORIGINAL COMMUNICATIONS.

ART. I.—*Biographical Sketch of Prof. John T. Shotwell.*

THE medical profession offers to its members, when faithful to their duties, not only extraordinary means and opportunities of obtaining the respect and esteem of the cultivators of science, but also of acquiring the warm attachment and affectionate gratitude of a circle of friends, more or less extensive, in proportion to the extent of their practice. This, although one of the most desirable blessings of life, is, to the physician, frequently the cause of its premature termination. Of these remarks, the subject of this sketch furnishes a very significant example.

JOHN T. SHOTWELL was born in Mason County, Kentucky, on the 10th of January, 1807. His parents were immigrants from New Jersey, at an early period in the history of the West, and were among those who established its character as the home of hardy, brave, enterprising men of indomitable perseverance; and of kind-hearted, true-hearted, womanly women.

His father was a farmer during the early period of the life of his three sons; and his example, as well as his precepts, laid a

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foundation in their characters for the industrious habits in their several professions, by which they were distinguished.

A love of literature in early life, was remarked in the character of John, the eldest son, and his father determined to give him the best opportunities which the West afforded for the cultivation of this taste. This, with other reasons, induced the removal of the family to Lexington, where he entered the Transylvania University in 1822 and graduated in 1825, with so high a reputation for scholarship, that the late Dr. Drake, with that appreciation of character by which he was distinguished, was desirous to have him embrace the medical profession, and offered all the aids and advantages within his control, to qualify him for that excellence which he foresaw awaited him in that profession.

He entered the office of Dr. Drake in 1826, and continued his pupil until 1830, when he became his partner. His health having been impaired during his pupilage by too incessant devotion to his studies, he was induced in the spring of 1829 to try the effects of a journey in a more southern climate for its restoration.

He went first to New Orleans, and from thence journeyed on horse-back through several of the Southern States and the Indian nations. This journey, although attended with much fatigue and exposure, greatly improved his health: and his habit of observation, and of making the result of his observations practically useful in the principal pursuits of his life, added strength to his mind in proportion as exercise in open air added to the strength of his body. He became a graduate of Medicine at the Medical College of Ohio in 1832, and having dissolved his connection with Dr. Drake, he commenced practice with the advantages derived from that connexion and the reputation he had already acquired; and when the cholera visited this city, in that year, he became most extensively known as a successful practitioner, and as characterized by that amenity of disposition and anxiety for success in his treatment of cases, which convert patients into friends, and inspire that confidence which facilitates the labors of the physician, as well through a strict observance of his directions, as from the curative influence of faith and hope.

He married in 1832, Miss Mary Ward Foote, daughter of John P. Foote, Esq., of this city, and during the remainder of his life, dis-

played those amiable qualities as a husband which won so strongly the attachment of all who knew him, both as a physician and a man.

In the year 1832 Dr. Shotwell was appointed adjunct Professor of Anatomy to his friend, the celebrated Dr. Cobb who then occupied the chair of Anatomy in the Medical College of Ohio, and whose fame as a teacher of that science was rapidly extended throughout the United States, and excited competition in other institutions to obtain the advantages of his talents. Among the offers of chairs made him in other cities, he chose to accept that of the Medical Institute at Louisville Ky., in which he remained until his bodily health became so affected by his labors as to necessitate an abandonment of the duties of a medical instructor. His resignation of the professorship he held in the Medical College of Ohio was followed by that of all the other professors except Dr. Locke, who was in Europe at that time, and Dr. Shotwell who was appointed to succeed Dr. Cobb.

He commenced his lectures on Anatomy at the session of 1837-8, and except for one session, continued during the remainder of his life, among the most highly esteemed members of the Faculty; increasing annually in reputation, and in the power of aiding the attractions of the institution which he adorned.

The strong inclination to devote his practice exclusively to surgery, which would naturally be developed by devotion to the duties of his chair, induced him, in 1842, to visit Europe for the purpose of learning from the celebrated surgeons of France and England, any improvement which their extensive practice had enabled them to make in their profession, a knowledge of which would be useful to him as an operator. He considered that his journey had been successful, and that the advantages thus obtained were a full compensation for the loss of time and expense of the journey.

For the purpose of relinquishing all except surgical practice, he formed a partnership with his former pupil Dr. H. E. Foote, intending to be relieved, by this association, from as much of his ordinary regular practice as possible. Had he been permitted to carry this plan into *full* effect, his valuable life might perhaps have been spared. But during the cholera season of 1850, his

regular patients would not dispense with his attendance, and many others, in their anxiety to obtain his services, added to the fatigue, labor, and exposure he was compelled to undergo. His own health soon yielded to his solicitude for the health of others, and one evening, on his return home from a very arduous series of labors, he found himself unable to do more, and went to bed with a determination to take that rest which he found had become absolutely essential to the preservation of his power to continue his usefulness. Foreseeing that calls would be made upon him during the night, his family determined that all of them should be dismissed without his knowledge. This was done with several applicants, but at length one of them insisted so strongly on seeing him, and asking at his bedside for advice in the case of his wife whom he considered in a peculiarly dangerous condition, that he was permitted to do so, and being there, he represented to the doctor that the life of his wife depended on seeing him—that her confidence in his skill was such that the mere sight of him would be more efficacious for her recovery than any medicine that could be administered. The doctor could not resist this appeal, and left his bed, to which he returned after his visit, but never left again. In the eloquent memoir of him, by his attached and steady friend Dr. J. L. Vattier, the following statement is given of the commencement and termination of his disease:—

“On the morning of the 14th of July he visited the Hospital. On his way home, finding himself quite unwell, he called at my house to rest himself. He looked pale and haggard: remained twenty minutes and left for his home. That night he was summoned to attend a patient on Third street, and while preparing for the visit, was assailed with unmistakable symptoms of cholera. He, however, attended the call, and while yet at the house of his patient, the symptoms becoming more aggravated in their character, he was forced to resort to medical remedies to enable him again to reach his home.

The next morning his friend, that excellent physician, Dr. Walcot Richards, was summoned to attend him, and continued to have the principal charge of his case up to the time of his death. I saw him frequently, as did many others of his numerous friends.

His disease assumed a malignant character, and he was for a while considered in imminent danger; at last, however, medical skill obtained the mastery, and he commenced to convalesce, and

continued to do so for several days. He was patient under suffering, and looked forward with hope to a speedy restoration to health; but this hope proved false, for with him all life's scenes were fast drawing to a termination. The improvement in his condition was not destined to be permanent; reaction became too violent: congestion of the brain set in, and though every means was resorted to that medical skill could suggest, death closed the scene at 11½ o'clock, P.M., on the 23d of July."

His death was regarded as a public calamity by all classes of citizens; and a stranger, on seeing the immense assemblage at his funeral, anxious to pay the last tribute of affection and respect, would have understood that a great man had fallen, and if he had inquired what manner of man, and who it was that had such power after death over the hearts and feelings of such a multitude, he would have been told that a good man was lost to a numerous body of friends, who justly appreciated his virtues and talents; that a heavy affliction was laid on the poor who had experienced their benefits, and that the science of medicine had lost one of its most promising cultivators, in the death of John T. Shotwell.

From among the numerous Obituary Notices called forth on the occasion, we select the following as expressions of public feeling, and testimonials of the power which a physician who fulfills the duties of his profession with diligence, and in a Christian spirit, will obtain over the affections of all who know him; and of the deep regret which attends the loss of one so useful and so free from all suspicion of any taint of selfishness in his character.

DEATH OF DR. JOHN T. SHOTWELL.—Our city was thrown into general gloom yesterday upon the announcement of the death of the eminent man whose name heads this article, and expressions of sorrow fell from every lip when the mournful tale was told. The rich and the poor, the high and the low, had the tribute of a tear, and coming from hearts warmed by kindly recollections, these tears told a more expressive tale of deeply implanted grief, than could the plumed pomp and sable pageant that attends upon the demise of the loftiest in the land. For him sprung the sorrow of the soul, and the fountains of heart-born grief gave out their tribute to pure worth, while charity stood beside the breathless corse and wept for the like she will never look upon again.

It is needless to dwell upon his virtues, for they are written upon the hearts of all who knew him, and he made the indelible

stamp of a MAN upon the minds of all with whom he associated. Endowed with an extraordinary degree of strong common sense, and having an intuitive knowledge of human nature, he endeared himself to all, whether socially or professionally, and a moment's acquaintance was the foundation of a life-time love. The poor hovel of poverty shared his kindly attention alike with the glittering palace of affluence—and hundreds will weep as the solemn funeral train passes to-day, even as the loving child bends under the affliction of a father's loss. Like the Angel of Mercy, it needed but the voice of pain to arouse that good old heart of his,—a heart whose sympathetic responses were not awakened by the sordid prospects of worldly gain. He was a man of the world in one sense, but in another sense, a man whose endearing attributes elevated him above the wiles and the ways of the world. He was all that God may make of man, and may He to whom humanity bends the knee for mercy, hear the prayers that ascend from many a heart to day.—*Commercial*.

Dr. Shotwell, a well-known and respectable physician of this city, died yesterday morning. He was a man in high esteem, in this community, of rare medical attainments, and enjoyed an extensive practice in the line of his profession. His loss will bring sorrow to hundreds of hearts, and leave a vacancy in the ranks of the medical profession, which years will not suffice to refill.—*Atlas*.

DR. JOHN T. SHOTWELL.—The announcement of the death of this universally popular physician and man, under the Obituary head in another column, will be read with emotions of the deepest regret by those who have not already been grief-stricken with the sad intelligence through other channels.

The death of Dr. Shotwell has cast a deep gloom over the whole community, and well it might, for perhaps no man was more generally known or endeared to a larger circle of acquaintances. His innate goodness of heart, his social qualities and winning manners had rendered him universally popular. There was an atmosphere of good nature, warm and generous impulses always surrounding him, which made him the favorite of every circle. His presence and kind manner always brought a cheering ray of sunshine into the sick-room—and the despondent patient caught an inspiration from his presence—a cheering hope that was worth more than a score of ordinary prescriptions.

Dr. Shotwell has been known long and well as a skillful and highly successful practitioner of medicine,—and a popular teacher of his favorite science. During the long period in which he filled the chair of Professor as one of the faculty of the Ohio Medical

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College, he was universally popular with all classes of students, and was as general a favorite in the lecture room, as in other walks of life.

His untimely death, in the fulness of the noon of life, has created a void which can not be filled, and those to whom he was endeared will not soon forget the many good qualities which made him cherished by a host of sorrowing friends.—*Dispatch*.

ART. II.—*Surgical Cases, by W. H. MUSSEY, M. D., Cincinnati.*
Case of Vesico-Vaginal and Recto-Vaginal Fistula, with Inversion and Prolapsus of the Bladder.

IN January last, Mrs. L——, aged 26, was delivered of her first child, after a very protracted labor; succeeding to which, sloughing of the uterus and vaginal walls occurred.

In May, the patient consulted me. On examination, I found an ovoid tumor, two inches by one and a half, with vascular granulations, presenting between the external labia, which proved to be the fundus of the bladder inverted—the entire vaginal wall of the bladder being absent. Nothing that could be called “uterus” could be found, and there existed in the rectal wall of the vagina, three and a half inches above the sphincter ani, an opening three-eighths of an inch in diameter, through which air only escaped, but within three weeks fecal matter had passed. Of the urethra, there remained a portion half an inch in length.

With a view to close the vagina, with the exception of the urethral orifice, I scarified the opposing surfaces of the labia three-fourths of an inch in width, and with the suture of Sims retained them in apposition, leaving a catheter in the urethra. Five stitches were taken, and the lead bars used were two and a half inches in length.

The catheter was changed every three days. On the tenth day the stitches were removed; there was perfect union, excepting around the urethra. After ten days of ineffectual managing to establish a satisfactory urethra, I closed the opening with two stitches, at the same time enlarged the recto-vaginal fistula, till it admitted the free passage of the index finger, and left a No.

1 elastic catheter to conduct off the urine. On removal of the stitches in eight days, there remained an orifice a line in diameter, through which the urine escaped; but by light touchings with nitrate of silver, and the use of compression, this was closed after three weeks.

On the 10th of August (the last time I saw the patient), the accumulation of urine could be retained for eight hours, and would then be evacuated through the rectum, in a continuous stream. It was ascertained by repeated examinations, that the bladder dropped down upon the rectal orifice, and acted as a valve to retain the urine in the vagina.

Vesico-Vaginal Fistula.—On the 19th of June, I operated in the case of Mrs. S., aged 26 years. Three months previously, after two and a half days' labor, the patient was delivered of her first child, which was lifeless. Sloughing of the vesico-vaginal wall followed. On examination, I found, middle distance between the orifice of urethra and the neck of the uterus, a fistula one inch in diameter.

Two stitches with Sims' clamp suture sufficed to close the fistula. There remained incontinence of urine, which was occasioned by the relaxation of the urethra, from the tension of the vaginal wall. The repeated use of the nitrate of silver in the urethra, caused such a diminution of its size as to allow the discharge of the patient July 26th, with but slight difficulty in retaining the urine.

Occlusion of the Vagina.—June 25th, Mrs. A., 22 years of age, had inflammation of the vagina, following parturition, three months since. There now exists a closure of the vagina with cicatrices in the integuments, giving rise to the suspicion that there has been laceration of the perineum. After some manipulation, a probe was forced into the vagina, and with the aid of a grooved director, bistoury and spatula, the adhesions of the walls of the vagina were broken up. These adhesions varied in extent in the antero-posterior direction, from half an inch to one inch and a half.

ART. III.—*Report of a case of Abscess of the Liver, complicated with Ascites, and caused by a fractured rib.* By L. D. SHEETS M. D., Liberty, Ind.

MASTER C. F., aged 12 years, in the month of August, 1855, while sawing some wood on a chair, fell upon a sharp corner of the latter and hurt his side. The pain, at the time, was quite severe, but wore off in the course of a few days, without any special treatment.

In October he was attacked with "chills," which were soon "broken up;" but he did not seem to regain his usual health. He was then examined by the family physician and his partner, who decided there was no special disease; a prescription was, however, made.

In March my partner, Dr. Fosdick, was requested to see and treat him, as he still felt unwell. On examination, he discovered a prominence in the right side and lower part of the chest. Some time afterward I visited the patient with him, when we found a decided fullness there, which seemed to be increasing; the ribs were now bulging, and that side of the chest was quite distorted; the liver was considerably enlarged, and its lower margin could be distinctly traced through the abdominal walls; the feet were slightly œdematous; bowels costive; tongue furred; appetite poor; and destructive metamorphosis of tissue was proceeding rapidly.

From the various symptoms I gave it as my opinion that an abscess was forming in the liver, Dr. F. concurring. The enlargement and hardness of this organ, obviously producing the distortion and bulging of the chest, and derangement of the portal circulation, manifested by the œdema of the feet, proved it the seat of disease; it was too recent for hypertrophy, *ergo*, it must be abscess.

What the cause was, I was puzzled to divine. The fall had occurred so long previously that I could scarcely attribute it to that, notwithstanding the swelling occupied the seat of the injury. And though it followed an attack of intermittent fever, I could not conceive this to be the *causa mali*.

The cause being obscure, we were obliged to treat the symp-

toms presented in the case, for which purpose we prescribed an alterative and tonic course with diuretics, and Tr. Iodin., as a local application to the swelling. He was seen from time to time, but no improvement was perceptible; the tumor increased, and in the course of a few weeks, water was detected in the lower part of the abdomen. He now, for the first time since the accident, began to suffer pain in the side. The Iodine was now discontinued, and poultices were applied, which were continued until the abscess "pointed." The abdomen, by this time, was tense with fluid, and respiration became difficult and painful.

At this period, the patient was wasted to a mere skeleton, and we apprehended he would speedily succumb. April the 10th we went to operate, hoping, at least, to afford some relief to the pain and dyspnea. We expected to open the abscess, and, also, perform *paracentesis abdominis*. I made an incision between the ninth and tenth ribs, midway between the sternum and spine, and to my surprise, the abdominal fluid was the first to make its exit, which flew out to the distance of several feet; by and by it was mixed with pus; finally, pure pus alone flowed from the opening. About two gallons of fluid were discharged. The abdomen was so much relieved, though it still contained a considerable quantity of fluid, that paracentesis was dispensed with.

The lungs and pleura, on account of their proximity to the diseased structure, became somewhat involved, after the operation, as manifested by fever, pain, cough, expectoration, etc.; but by appropriate treatment, all these unfavorable and dreaded symptoms were soon relieved. I was apprehensive of serious results in making an incision so close to such important organs as the lungs and pleura, but there was no alternative; the rule being always to open an abscess where it "points," when advanced to that stage.

The emaciation was now extreme, and he really looked as if he had "taken off his flesh and was sitting in his bones!" But under the use of iron and quinine he soon commenced to improve slowly. At the close of the month the improvement was so great that our attendance ceased.

Contrary to my anticipations, the discharge from the side still

continued; but in July its protraction was explained by two small spiculæ of bone passing from the wound.

September 14th, the patient drew a piece of bone from the opening, which proved to be a piece of rib, a fourth of an inch in length; it seemed to be the end articulating with the cartilage. This, of course, explained the whole etiology. The rib must have been fractured and splintered at the time the injury was received, and the abscess, caused by a spicula of bone, which must have penetrated the diaphragm and passed on to the liver. The fractured rib remained *in situ* until loosened by inflammation and ulceration, when it was discharged. But how did the abdominal fluid get into the abscess through the liver? it being first to make its exit. This case shows the wise provisions of nature, in such emergencies, in protecting the lungs from the contents of the hepatic abscess by adhesion of the costal and diaphragmatic pleuræ.

I saw the patient a few weeks subsequently to the discharge of the rib, when he told me the discharge had ceased, the wound closed, and the fluid in the abdomen was entirely absorbed, and that his health was excellent.



ART. IV.—*Case of Fracture of the Humerus*. By GEORGE L. MCCOOK, M. D., Pittsburg, Pa.

WAS called, October 12th, to see a Mr. Kinleen, aged 64 years, who had fallen down a stairway and received an injury. Found an oblique fracture of the humerus, very high up in the shaft, running from above downward, and from before backward, the upper part of the lower fragment resembling the nail of the finger in shape. I applied a roller, four straight splints, and a pad, small in size, which I increased at each dressing, until made of permanent size and shape. The pad used was of equal thickness in its whole extent, and not "wedge-shaped," as directed in the treatment of such fractures. Conceiving that the only means we have of restraining the displacing agency of the Pectoralis Major, is by the use of the pad in the axilla, I think that a full-sized pad is more requisite at the point of insertion of

this muscle, and more fully controls its action, than a wedge-shaped pad, with the small end in the axilla and the large end at the elbow. The upper fragment suffering but little displacement, the pad used must be of sufficient size to throw the lower fragment outward from the chest, until it comes into a direct line with the upper, thus completing the apposition. I declined applying the pad of full size at the first dressing, for the reason that I think it good practice to postpone coercive appliances, until such time as the soft parts involved have time to recover somewhat. The forearm was carried forward, the hand resting on or below the pubes, the extremities of the fingers only, supported by a riband-like string, thus using the weight of the arm as an extending agent. I have this evening, made the final dressing, and am highly satisfied with the result of the case.

ART. V. — *St. John's Hotel for Invalids—Case of Amputation of the Shoulder-Joint.* By PROF. R. D. MUSSEY. Reported by G. R. PATTON, M. D., one of the Resident Physicians.

JAMES F——, aged 20 years, was admitted into St. John's Hotel for Invalids, on the 6th of February, 1856, at 4 o'clock, P. M., under the care of Prof. Mussey. His friends stated that he was injured by a premature explosion while blasting rocks in Paris, Ky., on the Saturday previous, Feb. 2d.

He sustained, by the accident, compound fracture of the superior half of the radius of the left arm, the bone being fractured longitudinally; also comminuted fracture of the upper third of the ulna. The frontal bone was fractured a few lines external to the right internal angular process, extending vertically upward. Right arm badly lacerated and contused at various points. Head and face badly cut, burned, and bruised.

CONDITION ON ADMISSION.

Was found laboring under the asthenic form of inflammatory fever; diminished activity of the intellectual faculties, with tendency to low delirium; nervous system especially depressed; pulse 110, very feeble; sighing respiration; surface dry and hot; tongue coated with a heavy white fur; thirst; bowels constipated;

severe pain around right orbit; left forearm gangrenous; line of demarcation, at junction of arm with forearm; dull, burning pain in the arm; redness; temperature increased; swelling hard, tense, and brawny.

℞ Tinct. Iod.

To be applied lightly over the arm every sixth hour. Line of separation to be enveloped with fermenting poultice.

℞ Carb. amm. gr. v in mucilage every hour.

℞ Quin. Sulph. gr. ij every third hour.

℞ Brandy 3ss, every hour.

Diet, animal broths, with farinaceous preparations.

℞ Tinc. opii gtt. xx. Take at bedtime.

Feb. 7th.—Pulse fuller and less frequent; otherwise same as yesterday.

Amputation at the shoulder-joint was performed by Prof. R. D. Mussey. The muscles even at this point presented an unhealthy appearance after the operation.

℞ Tinct. opii gtt. xv.

Continue ammonia and brandy every half hour; the quinine and tinct. opium as before.

8th.—Rested tolerably well during the night; slept several hours; reacting but feebly and partially. Contin. med.

9th.—Since last report has had considerable repose; pulse 100 and fuller than at any period heretofore; bowels soluble; respiration natural; diminished the quantity of stimulants a little for the present.

10th.—Sleep scarcely interrupted during the night; complains of pain in the head, at the seat of fracture, which is suppurating.

14th.—Doing well; has had no bad symptom since last report; no brandy.

26th.—Discontinued medicine; full diet; the wounds all healed kindly in a few weeks, and the patient left the hospital entirely well.



DR. HOLLINGSWORTH makes his editorial valedictory in the last number of the *Philadelphia Medical Examiner*; Drs. Gross and Richardson are to succeed him, and the *Examiner* and *Louisville Review* are to be merged into what is to be the *North American Medico-Chirurgical Review*.

ART. VI.—*Kyklitis or Inflammation of the Corpus Ciliare.* By
E. WILLIAMS, M. D., Cincinnati.

NOTHING has done so much to simplify the science of ophthalmology as the attempt of the modern, so-called *anatomical school* to adopt the descriptive anatomy of the eye as the basis of nomenclature in describing its diseases. Old, vague and meaningless names, drawn from a fancied connection between various diseases of the eye, and certain *constitutional vices or diatheses*, and calculated only to bewilder the student and warp his mind in advance, in favor of certain preconceived opinions, have been happily discarded. Instead of reading now, and hearing at the bedside, of *rheumatic ophthalmia*, *scrofulous ophthalmia*, and such indefinite terms, we have keralitis, iritis, schlerotitis, choroiditis, cyclitis, appellations that indicate the anatomical seat of the morbid phenomena without forestalling the mind with any theory. This greatly facilitates analytical observation and precision of diagnosis, as well as description and treatment, and hence is an immense advance upon the old system. But much as we have reason to rejoice at this improvement, we can not ignore the want of accuracy still observable in the modern literature of this eminently beautiful branch of our profession. This is due, in great part, to the deplorable ignorance of many men in our profession who even make pretensions to skill in this wofully abused department of medicine. Equally deficient in their knowledge of the history of the science, especially since the last ten years, in which it has been almost created, and of the anatomy of the eye, and the physiology of vision, such men never did and never can make an accurate observation. Their descriptions are often *confusion confounded* and their treatment *double refined nonsense*.

Hence it is that the greatest and most precious organ of our wonderful organism has been delivered over into the hands of old women and *itinerant oculists*. If there is any part of our *earthly tabernacle* preëminently worthy of careful study and tender treatment, it is the *window of the soul*. Why then should it be abandoned to dirty housemaids, or vagabond quacks, to be smeared and punched and impertinently gouged out?

I do not wish to be censorious upon the *Hippocratic fraternity* (and now that such an epidemic of health prevails, most of them have a decided *facies hippocratica*), but simply to tell the truth as I know it to be from my daily experience.

No one, I am sure, will feel himself wounded at what I have said, unless conscious that he merits the criticism, and for such only is it intended. As it is by means of the *percussion system* alone that the physician often satisfies himself of the seat of the patient's malady and makes the latter himself conscious of it, so if any one winces under this little friendly *test thump*, and snarls or howls out audibly, it will be because we have hit him in a tender place! But to my subject.

A serious difficulty in the way of the anatomical basis of nomenclature, is the intimate connection anatomically and physiologically, of the different parts of the eye, and their consequent active sympathy in disease. True, there are many organs in the visual apparatus that differ widely in their structure and functions, yet they are all so closely linked together by continuity of elements, especially of the vascular and the nervous, and contiguity of position, that one seldom suffers seriously for any length of time without implication of some or all of its neighbors. An iritis, for instance, in its incipency quite uncomplicated, seldom remains so throughout its entire progress. Other structures are almost invariably sooner or later and more or less involved. It is only, then, in a limited sense that the anatomy can be adopted as the foundation of the appellations given to the different affections of the eye. We mean by a keralitis or iritis that the cornea or the iris is the part primarily or chiefly implicated in the morbid process which we call inflammation.

The advocates of the anatomical classification differ very frequently in opinion as to the actual seat of certain pathological phenomena observed in the eye. The reason of this is not so much a want of harmony in their appreciation of the actual changes seen and described, as a preconceived theoretical notion about the inflammability or non-inflammability of certain parts of the eye. This is especially the case with regard to the disease which stands at the head of this article. Some, assuming that the schlerotic, because of its paucity of vessels and nerves, is not

susceptible of inflammation, have called the affection *cyclitis*, or inflammation of the *ciliary circle or body*. Others, judging from the manifest changes, both physical and vital ~~that~~ the schlerotic coat undergoes, prefer the name *schlerotitis*. Others still, locate it in the sub-conjunctival cellular tissue, or in the tunica vaginalis, *bulbi*, and designate it accordingly.

Dr. Wilde, of Dublin, who seems to have seen more of the affection in question than any other writer, calls it an inflammation of the corpus ciliare. Arlt, Desmarres, and others, describe it as circumscribed *schlerotitis*; Sichel as a partial choroiditis; Von Ammon as an affection of the orbiculus ciliaris, and some cases as a circumscribed inflammation of the sub-conjunctival cellular tissue and the tunica vaginalis bulbi.

Now, as is usually the case when men are inclined to be *exclusive*, I believe they are *all right and all wrong*! That the point of departure of the phenomena may sometimes be the schlerotic, at others, the corpus ciliare or sub-conjunctual tissue, there is no good *a priori* reason for doubting, and actual observation confirms the same view. But wherever the starting point of the series of changes may be, certainly they often involve, either simultaneously or consecutively, all those structures, as well as the cornea, iris, choroid, and retina. The discrepancies of authors equally skilled in diagnosis, are only reconcilable by this view of the subject.

I propose in this and a subsequent article, to give a delineation of this disease, drawn partly from personal observation and partly from the accounts given of it by Wilde, Arlt, and Desmarres, followed by some critical observations. But before doing this I will give a detailed description of a case in point.

On the 20th of last February I was applied to by a young woman, Jane W——, aged 19 years, of rather over medium size, of sanguineo-lymphatic temperament, light red hair, florid complexion, and presenting the appearance of good health. Her menstruation had been regular for some years, and she had been generally quite well—had no cough or trouble about the chest—no swollen glands or other marks of the scrofulous diathesis. The following is her account of the origin of the disease and its progress up to the date at which I first saw her:

On the 26th of December previous, she noticed that the ball of her left eye was a little redder than natural, but it caused her no inconvenience or anxiety. The redness gradually increased, but without any pain or trouble of sight, for about three weeks. It then began to feel tense and painful upon pressure and the movements of the eyelids. She then, for the first time, applied to a physician, who ordered three leeches to the temple, a cathartic dose of salts every day, low diet, and a shade. The eye did not improve under this treatment, and she came to consult me in February, as stated above.

The patient complained of some intolerance of light, increased lachrymation, slight pains in the eye-ball, brow and forehead, and the vision of the eye was not so good as that of the other. The conjunctiva of the lids was not only slightly red, but the globe itself was highly injected. A pink-colored zone, formed by the high degree of injection of the anterior ciliary vessels, surrounded the whole cornea, but was more decidedly marked at the outer and superior part. This vivid zone of redness varied in width from about one and a half lines at its narrowest to two or more at its widest part, and was very close to the base of the cornea. It was most intense at the inner edge and gradually shaded off toward its outer, till it disappeared in the white color of the schlerotic. This bluish pink circle was composed of small straight vessels, in great numbers, which ran nearly parallel with each other, like radii from the circumference of the cornea, and lay so deep as not to be moved with the conjunctiva and its vessels as they were glided upon the schlerotic by the finger. From the periphery of the globe, especially from that part opposite the most deeply-injected portion of the zone, large, tortuous vessels were seen running in the conjunctiva and in the cellular tissue beneath it, forward toward the cornea, and dividing into numerous smaller branches that inosculated freely with each other, and formed loops over the deeply-injected part of the schlerotic above described. The sub-conjunctival tissue and the schlerotic beneath it, were swollen and infiltrated so as to be somewhat elevated and give the cornea the appearance of being smaller than natural. The latter organ itself was transparent, but had a rather dull appearance. The aqueous humor was slightly turbid, but no

flocculi or opaque particles could be discovered in it. The iris was of a dingy, brick-dust red color throughout its entire extent, and its fibrous structure not so palpable as in the well eye. The pupil was round but small, and very slightly moveable under varying degrees of light.

She had redness of the pharynx, with excoriations at some points, which disappeared after a few applications of a solution of nitrate of silver. No other symptom of constitutional syphilis was present, and the patient denied ever having had a chancre.

I prescribed five leeches to the side of the nose, a saline cathartic, and the following ointment, to be rubbed freely every three hours, on the forehead, temple, and eyebrow:

Ext. Belladonnæ, 3jj.

Hydrarg. Ammoniate, 3ss.

Axungiæ, 3j., m.

After the action of the purgative, I gave her, internally, one grain of the protiodide of mercury, three times a day, and applied a solution of sulphate of atropia, three grains to the ounce, every two hours. When I saw her the second day, the pupil was somewhat dilated and the pains less, but the other symptoms the same. At the end of the fifth day, the gums were slightly swollen, and the mercurial feter of the breath was perceptible. The redness and pains had diminished, and the pupil much more largely dilated but slightly irregular. The atropia was continued, and one or two pills a day given, so as to keep up the slight constitutional impression for ten days. But before it was left off, the redness, which had never entirely disappeared, increased, and there was an aggravation of the pain and photophobia. Ordered five leeches, compresses out of cold water to be kept constantly on the eye, and the bowels to be moved every day with cream of tartar and sulphur. After three days the inflammatory symptoms began again to subside, and the swelling of the gums had nearly disappeared. The mercury was resumed till a moderate ptyalism supervened, and then followed by five grain doses of iodide of potassium, three daily, which was kept up for two weeks. The inflammation however still persisted—sometimes better, sometimes worse—apparently little, if at all, affected by the treatment. The perikeratic zone had widened and become deeper in color at

some points, in particular at the outer and upper part, occupying between one-fourth and one-half of the circumference of the cornea, and the local swelling and infiltration were more pronounced. On the 9th of April I found her with a worse relapse than usual. The pain, intolerance of light, feeling of tension in the globe and lachrymation had much increased; the aqueous humor turbid throughout, and small, dirty, yellowish flocculi were seen precipitated upon the posterior surface of the cornea; pupil contracted and nearly regular. I gave her chloroform, and by the kind assistance of my friend, Dr. Krause, performed *paracentesis oculi* with the needle of Desmarres. After the evacuation of the aqueous humor the pains and feelings of tension in the ball diminished decidedly. When the chambers refilled, the aqueous humor was much clearer, and the pupil responded more promptly to the atropia. On the next day, the operation was repeated. The morning after the second evacuation, there was a good deal of redness and swelling of the conjunctiva, produced, perhaps, by the slight wound of the cornea and the pinching of the conjunctiva by the forceps that were used to fix the globe during the operation. I again leached her and administered a solution of tartar emetic and sulphate of magnesia, several times a day, and applied cold water compresses, to be changed every ten minutes—atropia as usual.

The conjunctivitis soon subsided, but the deep schlerotic redness persisted, and in a few days became worse. At this time a new patch of the schlerotic, at the outer and inferior part of the circumference of the cornea, about two lines in length and three in width, had appeared. It was slightly elevated and very red, while the redness at the upper part, where it was first most intense, had very much faded.

I then prescribed exclusive rice diet, confinement to a dark room, a continuation of the salts and tartar emetic, and a bladder of pounded ice, to be kept on the eye day and night. This was persisted in for eight days, with little or no good effect. An aggravation then occurred; muddy flocculi were again seen on the posterior surface of the cornea, and the pupil somewhat irregular. I made another *paracentesis*, followed by cold compresses, for two or three hours, and then left off the cold applications.

The flocculi disappeared nearly entirely, with the outflowing aqueous humor. The vessels of the *limbus conjunctivæ* then encroached at some points, a little upon the cornea, and blood escaped from the small wound made near the base of the latter organ.

The width of the pink circle at the external and inferior part, had extended to near the equator. From this time to the 20th of May, the operation was performed six times more, making in all nine times, at intervals of from three to five days. The length of time that intervened between each paracentesis was regulated by the increase of the pain, redness, and turbidness of the aqueous humor. All those symptoms were immediately relieved after each operation. The relapses recurred at longer and longer intervals, and grew constantly milder till they ceased altogether and the eye got quite well. It is proper to state, however, that on the 15th day of April I put her on quinine and a more nourishing diet. At first six grains were administered every forenoon, in two doses, for two days, and afterward one and a half grains three times a day. I dismissed the patient on the first of June last. The redness of the eye had entirely disappeared, with the exception of a few sub-conjunctival veins which were slightly enlarged.

Around the outer border of the cornea, where the vascular zone had been most pronounced, the sclerotic was slightly thinned, and of a leaden bluish color, but on a level with the surrounding parts of the membrane. The pupil was largely and regularly dilated by the atropia which had been used constantly throughout the whole course of the treatment; aqueous humor quite clear; iris of natural color; cornea transparent, excepting some linear opacities near its border, where it had been punctured, and glistening as in the other eye; one or two small points of precipitate upon its posterior surface; and sight good, excepting the confusion produced by the dilatation of the pupil. The patient went to her father's, in the neighborhood of Louisville, and I have not since heard from her.

The most interesting points in this case are the slow and insidious manner in which the disease came on, its long duration (six months), the peculiar seat of the reddened and swollen crescentic

patches on the schlerotic; their disappearance at one point, and appearance at a new one; the frequent relapses; the obstinacy with which it resisted all treatment till paracentesis was resorted to; the very slight permanent injury which resulted to the structure and function of the organ, by a disease, apparently so grave in its character; and last and most remarkable of all, was the good sense and patience of the patient, who co-operated with me fully throughout the whole course of the disease, in my finally successful efforts to relieve her. I made the diagnosis of *cyclitis* or *inflammation of the corpus ciliare*, for reasons which I shall elaborate more fully in a future article. I omitted to mention that counter irritation behind the ear was resorted to with the measures above stated, during the last few months of the treatment.

ART. VII. — *Scanzoni's New Method for Promoting Premature Labor*. Translated from the German by G. A. BRUHL, M. D.

To the remedies in vogue for promoting premature labor Professor Scanzoni has lately added a new one, for which he claims, in connection with its easy applicability, a greater certainty of action than any one known possesses. We give below an extract of a case as published in the "Wiener Merig, Woohen-schrift." A lady for the first time pregnant, of small stature, was admitted in the lying-in hospital, being in the 32d or 34th week of utero-gestation. The fetal sound could be distinctly heard at the left side of the umbilicus. The conjugata (antero-posterior diameter) being less than $3\frac{1}{2}$, which was considered an indication for premature delivery. Induced by the observations of Brown Sequard, that carbonic acid excites contractions in plain muscular fibers and congestions in the genitals, if for a while applied, he determined to give it a trial in this case. The gas being generated in a closed bottle by means of Bicarb. Sodæ and acid acetic, it was carried through an elastic tube, in the vagina, the tube having been fixed with a cork in a glass speculum, to prevent its escape. On the second of February, at 8 o'clock, P. M., the first application was made without any visible effect. In the morning of the following day it was repeated for twenty-five,

and in the evening for thirty minutes. By this time a pricking feeling in the vagina and piercing pains in the umbilical region were often felt during the day. In the evening the vaginal portion commenced to soften. On the next day, the same procedure having been repeated A. and P. M. (in the morning and evening), the orificium uteri so far dilated that the exploring (examining) finger could feel the presenting head. During the following night pains reappeared again, ceasing, however, against daylight. The fifth, after a renewed application, the orificium uteri dilated to the size of a florin, and the vaginal secretion increased considerably. At noon, labor commenced again, and soon become so strong that at 6½ P. M. the membranes ruptured, and half an hour later a living child was born, 3 pounds 6 ounces. Both mother and child did well.

C O R R E S P O N D E N C E .

Boston, November 6, 1856.

EDITORS MEDICAL OBSERVER:—

The Annual Course of Medical Lectures in Harvard University opened yesterday, under very favorable auspices by an introductory from Edward H. Clarke, Prof. of Materia Medica. The address was entertaining and logical in its conclusions; and I will give you a brief sketch of some of its points, as memory recalls them. After his grateful acknowledgements for the position he held for the day, and an allusion to the relation of teacher and pupil, and the imperfections still existing in Medical Science, the lecturer announced as his subject: *The relation which drugs sustain to other therapeutic agencies.* It was not enough to learn the properties of drugs from books, and the symptoms of disease; and then to settle down upon the supposition that we must search the books for the right drug to reach such and such disease; but rather learn well the disease and its relations, and see whether this any drug is *really* needed—or, how much nature requires assistance. Let the law of waste and repair be well known. then drugs will be secondary—nature, first. Hence the question, What is disease or its nature? Disease may be divided into, first, self-limited; here no treatment can be called curative—drugs are entirely secondary. Second, diseases of indefinite duration. Some are cut short by drugs. Causes can sometimes be removed—Medical art must be invoked. Third, necessary fatal dis-

cases—drugs can palliate—soothe, not cure. The lecturer next discussed the resources of Therapeutics. This comprised the whole treatment of disease.

Among the resources, mind should be placed first—this can cure—cause—prevent disease, etc. Physicians should be metaphysicians, and thoroughly conversant with the relative influences of the mind upon the body. Secondly, external objects around the patient should be regulated—temperature, diet, and climate should be understood. Lastly, the speaker considered the intrinsic value of drugs, and the skill of the physician who can discriminate this value, and best apply the resources of art. All of these points, with some others, were ably discussed, and the audience—composed mostly of medical men—seemed well pleased with the hour's entertainment.

Boston, as you are aware, boasts of a female medical college. Its open-very great. But this year it has received a new impetus, pecuniarily, from a lecture was also given yesterday. Its success, heretofore, has not been the State.

Among the annual publications of our State Medical Society for this year, is a prize essay by Dr. Geo. H. Lyman, of Boston, upon the History and Statistics of Ovariectomy. This is an elaborate monograph of 146 pages, and evinces a searching analysis of the subject matter on the part of the author. Space will allow me only to mention some of the topics discussed, and some few deductions. A brief historical account is given of abdominal incisions from the time of the ancient Jews to the present—exposing the various methods of treatment for radical cure, including paracentesis—incision or permanent opening in the cyst—injection of the cyst—extirpation of the ovary, etc.

Seventy-three cases of incision of the cyst are given—twenty-two recovered—twenty-one died—thirty not radically cured. Injection of the cyst seems to have been quite successful in the hands of some practitioners, while in others it has failed altogether. A carefully prepared synopsis of three hundred cases for the removal of ovaria by abdominal section, constitutes the leading feature of the essay. Authors are quoted alphabetically, with sufficient detail to elicit facts; at the close of which is a tabular view of the above synopsis, presenting a *coup d'œil* of the whole subject. The different methods of operation and the preliminary and consecutive treatment is considered. Next we have a detailed analysis of these cases presented in twenty-two sections, from which the following facts are deduced, on pages 116–117:

In three-tenths of the cases (29.72 in 1,000, Section I.), the operation could not be completed.

The rate of mortality in all of the operations (Section II.) was 40.13 per cent.

In seven-tenths of the cases (Section III.), the operation was completed, with a resulting mortality of 42.78 per cent.

In the unfinished operations (Section VI.), the mortality was 30.68 per cent.

The proportion between the whole number of recoveries, *after the removal of the tumor*, and the whole number of operations undertaken in the hope of such a result, we find to be (Section IV.) as 39.66 to 100, or less than two-fifths!

Adhesions caused the abandonment of the operation in 22.06 per cent. of the whole number, or caused 77.27 per cent. of the failures (Sec. VII.).

No tumor was found in nearly three per cent. of the whole (2.66 per cent. (Section VII.).

Where adhesions complicated the removal, 47.82 per cent. died; where no adhesions complicated the removal, 32 per cent. only died.

Of the whole number of short incisions, 30.76 per cent. died; of the completed, 33.33 per cent. died; of those not completed, 22.80 per cent. only, died.

Of the whole number of long incisions, 41.95 per cent. died; of those completed, 41.46 died; and of those not completed, 45 per cent. died.

Previous tapping does not always cause adhesions.

As far as these cases go, the mortality is least between the ages of fifty and sixty, and greatest under twenty.

The mortality is least when the disease is of between three and four years' duration.

There is little difference in the mortality between the married and single.

The right ovary is more often diseased than the left, though less so than often stated.

Of the above fatal cases, 42.33 per cent. were from peritonitis, 23.52 per cent. from hemorrhage.

Death ensued, upon an average, the eighth day; the average of deaths from peritonitis being also the eighth day; and those from hemorrhage in twenty-four hours.

And, finally, in more than ten per cent. of the cases, important errors of diagnosis occurred.

In regard to the mortality as compared with other operations, the author gives the following deducible conclusions:

The mortality attendant upon Ovariectomy is no greater than it is in other capital operations.

2. The mortality resulting from extensive incisions of the peritoneum is generally over-estimated.

3. Fully developed cystic disease of the ovarium tends rapidly to a fatal result.

4. No method of treatment heretofore devised for it is so successful as extirpation; excepting, possibly, that by injection of iodine, of the results from which we have, as yet, insufficient statistics.

5. The operation is unjustifiable in the early stages of the disease.

6. After active development has commenced, with the supervention of constitutional symptoms, the sooner the operation is performed the greater the chance of recovery.

7. No rule can be laid down as to the length of the incision, other than the general one, that the shorter it is the less the mortality; and that, therefore, the primary incision should always be small, and extended afterward as may be necessary, according to the exigencies of each particular case.

8. If, after the operation is commenced, extensive adhesions should be discovered, either the complete abandonment of the intended extirpation, or the attempt to cause suppuration, and gradual contraction of the cyst, by means of a permanent external opening, are to be preferred to the division of the adhesions, and completion of the operation as originally designed.

The section on diagnosis is an important one. The author enters into an examination of the varied conditions which may assimilate cystic disease. Some grave errors have been committed by surgeons of acknowledged ability, and the abdomen has been opened several times when no tumor was to be found. Eight cases out of the three hundred are given where none existed. The differential diagnosis of abdominal affections is of the highest importance, and one of the doubtful points to determine is that of adhesion—which is the cause of so many failures in the operation. I have seen two or three cases of ascites taken for cystic disease: and where, after tapping, the cavity was injected with iodine, causing death in a few hours. In one of these, the intestines were bound down by adhesions, showing that Rostan's diagnostic sign is not always true. Among the abdominal enlargements which may be mistaken for ovarian disease, Dr. Lyman enumerates pregnancy, ascites, fibrous tumors of the uterus, enlargement of kidney, liver, or spleen, and omental tumors, hydatid disease of the peritoneum, spinal curvature, psoas abscess, hysterical tympanitis, fecal accumulation, retroversion or retroflexion of the uterus, hydrometra, distention of bladder by retain-

urine, retro-vaginal hernia or prolapsus of the ovary, pelvic abscess, and muscular contraction of the abdominal parieties.

With this imperfect outline, I must leave this interesting monograph. A short time since, Ovariectomy was performed at the Massachusetts Hospital, but the patient died in a few days; upon another it was attempted, but abandoned on account of extensive adhesions.

At the election yesterday, I notice that several physicians have been elected to our State Legislature; also one member to Congress. Our city remains healthy.

Respectfully,

B.

REVIEWS AND NOTICES.

ART. IX.—*A Treatise on Medical Jurisprudence.* By FRANCIS WHARTON, author of “*A Treatise on American Criminal Law*,” “*Precedents of Indictments*,” “*American Law of Homicide*,” etc., and MORETON STILLE, M. D., Lecturer on Principles and Practice of Medicine, in the Philadelphia Association for Medical Instruction. Philadelphia, Kay & Brother, 1853. Pp. 815.

The “*Quarterly Summary of the Transactions of the College of Physicians of Philadelphia*,” for its April session this year, contains an affectionate memoir of Dr. Moreton Stillé, the medical author of the work before us; and from it,—as well as from the preface of the book itself,—we glean a few items pertaining to his brief history, that will doubtless be of interest to the medical reader.

Moreton Stillé took the degree of M. D. from the Medical Department of the University of Pennsylvania, in the Spring of 1844, not yet twenty-two years of age; the same Fall he embarked for Europe, with the intention of remaining three years abroad. Of this time, one Winter was spent in Dublin, one in Paris, and one in Vienna; and although he availed himself of proper intervals for visiting points of greatest interest to the traveler in England and on the Continent, yet the following extract from his diary will show the manner in which his time was occupied, and the severe system of its arrangement:

“*Nov. 7.* ‘I rise at seven, and take my breakfast in my room; after breakfast I go at once to the hospital—a walk of some ten minutes—and arrive there in time to attend Skoda’s clinic, which begins at eight, and lasts until ten. After the clinic I go to the

dead house and am engaged with Rokitansky till twelve. I then return to my room, or to the Medical Reading Room, and until two o'clock, read on medicine. * * * The medical clinic of Skoda is entirely separate from the general wards of the hospital. It is in a separate building, in two large rooms, and contains twenty-eight beds, into which the most interesting cases are brought. I can not express too highly my gratification with the manner in which this clinic is conducted. It is, in fact, the *beau idéal* of instruction. Each patient is placed under the care of an advanced student (*ordinarius*); the *ordinarius* writes on the black-board at the head of the bed, the name, sex, age, profession, etc., of the patient; the diet, and the number of evacuations, alvine and urinary. He is obliged also to write out on printed sheets under appropriate heads, the previous history of the case, and all the subjective and objective symptoms at the time of entry and the medical and surgical treatment, the prescriptions being written out at length. After the diagnosis has been made out by the Professor, the name of the disease is written in large characters in the middle of the black-board, so that one, on entering the ward, can at once see what cases are to be found there; and, if he wishes to investigate any one, can do so without addressing a word to the patient, for the whole history and diurnal phases of the disease are there, already written out for him with the greatest precision. At the visit of the Professor, the *ordinarius* stands opposite to him at the head of the bed; and he must be a man of no little tact and acquirement, who can answer readily and satisfactorily the searching examination he is bound to undergo. He may not reply negligently or vaguely; but must show how much or how little he knows. All the remarks that the student writes on the paper at the head of the bed, are in Latin, and the conversation between the Professor and him is carried on in the same language. This I found difficult at first to understand, chiefly on account of the German pronunciation; but I can now make it out very well. In attending this clinic and Rokitansky's demonstrations and lectures, I enjoy advantages that I have yet nowhere found, and which I believe are to be found in no other European school whatever.' "

From the Fall of 1847 until his death, in 1855, Dr. Stillé's time was actively employed—partly in the practice of his profession, and partly in a second trip to Europe; and during the last year of his life, in preparing jointly with Mr. Wharton, the Medical Jurisprudence under our present notice, which will long remain a worthy monument to the industry and genius of its authors. We have thus, in some degree, gone out of the way

speaking of Dr. Stillé, that we might thus show his peculiar fitness for the task undertaken,—by his long and arduous system of mental discipline ; and especially, his winter with Rokitansky in the dead rooms of Vienna, and his careful studies of chemical analysis would be a capital preliminary schooling.

We take the following from the preface of the book before us—a portion of the handsome tribute by Mr. Wharton :

“Early in 1855 he received the appointment of Lecturer on the Practice of Medicine in the Philadelphia Association for Medical Instruction, and at the end of June, closed the first portion of a course of lectures of which it is not too much to say that they were received with unmixed satisfaction by the class to whom they were addressed, and the colleagues with whom he was associated. In the first week of July he sent from his office the last of the manuscript of that portion of the following pages which fell under his charge, and almost immediately afterward, was stricken down by a disease which found him with strength impaired by the exhausting studies of the preceding Winter. On August 20, 1855, he died at Saratoga, almost at the moment when the press was issuing the last sheets of a work which contains so much worthy of being erected as a monument in which his professional brethren will recognize the impress of his high intellectual gifts and culture.”

Wharton and Stillé have divided their work into *Five Books*, arranged in the following order :

BOOK I.—*Of Mental Unsoundness*, embracing, 1st, its legal ; 2d, its psychological relations ;—that is, in brief,—concerning Insanity in all its various relations : as it affects the individual, and as it affects society. BOOK II.—*Treats of Various Questions in Relation to the Fetus and New-born Child* : as of the duration of pregnancy, abortion, infanticide, etc. BOOK III.—*Questions Arising out of the Difference of Sex* : such as doubtful sex, sexual disability, and rape. BOOK IV.—*Identification of the Living or Dead*. BOOK V.—*Questions Relative to the Cause of Death* : Part I., of the various considerations arising from suggestions of death by *poison* ; Part II., other forms of violent death : as by wounds, burns, heat, sunstroke, lightning, starvation, hanging, drowning, etc., etc. To which is appended a chapter on *Medico-legal Examinations*, and the proper manner of conducting an au-

topsy. BOOK VI—*The Legal Relations of Homicide, Fœticide, and Infanticide.*

It will thus be seen that the work in its general scope, embraces a most full and complete detail of the whole subject of medical jurisprudence. It is brought up to the most recent dates, and is copiously illustrated with cases for reference and precedent. One excellence of the work that is too important to be overlooked, is in the fact that it is adapted to American law and decisions, by a competent legal author. Another point of excellence, is, perhaps, better expressed in the words of Mr. Wharton:—"The bringing together stereoscopically—if the metaphor can be permitted—of the legal and medical points of vision, so that information required by each profession might be collected and viewed at the same time, and within the same compass. It was felt that in the usual range of medico-legal exposition, there was a great deal that, though interesting to the medical man, is unnecessary to the legal practitioner; and on the other hand, it is equally clear, that there are many points upon which the latter needs information, which the former, either from inadvertence, or from what would be to him, their extreme simplicity, may forbear to touch. The converse is also true, that the legal writer who undertakes such a work, except in subordination to medical advice, may exhibit very satisfactorily the necessities of legal practice, but will fail to supply the information by which these necessities can be met."

Bearing this last important consideration in view, and after a previous comparison of views and adjustment of material, the Second, Third, Fourth, and Fifth Books were prepared by Dr. Stillé (except the sections in these portions discussing the legal relations of gestation, abortion, and rape);—the balance of the work, of course, is by Mr. Wharton. Finally, it is a most capital work, that we safely and cheerfully commend to our medical friends.

Received through the courtesy of Moore, Wilstach, Keys & Co.
For sale by H. W. Derby & Co. Price, \$6 50. †

ART. X.—*The Practical Anatomist; or, the Student's Guide in the Dissecting-room.* By J. M. ALLEN, M. D., late Professor of Anatomy in the Medical Department of Pennsylvania College, etc., etc. *With two hundred and sixty-six illustrations.* Philadelphia, Blanchard & Lea, 1856. Pp. 630.

WE are greatly pleased with Prof. Allen's little work. We handed our copy to a friend, who is more particularly engaged in Practical Anatomy, for his careful examination and opinion; he reports it "the very best dissector yet produced." The arrangement is clear, concise, and convenient; its size is satisfactory;—full enough for all the purposes of the dissecting-room, and yet, not prolix or bulky. It is beautifully illustrated,—perhaps much the most so of any dissector yet published. We are pleased, too, with the general cheerful and encouraging spirit with which the student is introduced to his studies; the exhortation to self-reliance which greets him on the threshold of his labors; and the implied assurance of success. We like the work, and hope it will meet with professional favor.

For sale by Moore, Wilstach, Keys & Co. Price, \$2 25. †

ART. XI.—*A Treatise on Practical Surgery.* By HENRY H. SMITH, M. D., Professor of the Principles and Practice of Surgery, in the University of Pennsylvania, etc., etc. *Illustrated by two hundred and seventy-four Engravings on Wood.* Philadelphia, J. B. Lippincott & Co. 1856. Pp. 828.

A NEW work on Practical Surgery, brought up to the present time, and embracing all the improvements in the art, and from a source that should command respect and authority, would be just now an acceptable offering to the Profession. It should be of reasonable compass, too, within convenient limits, both as to size and expense; and, finally, if of American origin, it would be especially desirable. The work before us is from the Professor of Surgery, in the University of Pennsylvania. It is of convenient size; beautifully executed in all things pertaining to the publisher's art; and not unreasonably expensive. In view of all these considerations, we hoped to find in Prof. Smith's new work on Surgery, exactly the book that is needed—exactly the book that should come from such a source. It is with extreme reluctance, and after considerable hesitation, that we feel compelled to express our regret that it is not the work that it should be, and not a work that we hoped and expected.

We will very briefly express our principal objections to Dr. Smith's new work. In the first place, we do not find in it those points, either of new matter or superior manner, as compared with the best manuals now popular with the profession, to justify its publication. It is not superior to Druitt, or the American editions of Liston, or even the latest editions of Dr. Smith's venerable predecessor. To justify a new book of this kind, we think there should be either the record of valuable improvements, or clearer and more impressive modes of illustrating and enforcing old matters. In the next place, we object that in Dr. Smith's general plan, he has neither made his present work a complete manual of Practical Surgery in itself, nor yet a proper portion of a series. At first sight, it appears to be a complete system, suited to the wants of the general practitioner; in a more careful examination of the body of the book, however, we find frequent reference made on important points to the author's previous work on Operative Surgery; such reference, to a man who does not happen to have the previous and somewhat expensive work in his library, would be exceedingly vexatious; but even if at hand, is by no means agreeable. Again, although we do not happen to have *Smith's Minor Surgery* at hand, we are impressed with a lively familiarity with many of the illustrations of the new book, and even large portions of the letter press strikes us in the same manner. We have some less important objections to the work, but they are mostly included in those already mentioned; besides, we don't wish to appear in a fault-finding or hypercritical humor: *our* recollections of Prof. Smith, as we knew him eight or nine winters ago, are particularly agreeable, and we feel sorry to say what we have. As we have already remarked, the mechanical execution of the work is after the excellent manner of J. B. Lippincott & Co.; and any one that buy the work will find much that is good, and no doubt it will meet with a ready sale, particularly from the classes of the University, for whom it was more especially prepared, and designed as an "adjuvant" to the author's course of Lectures.

For sale by Rickey, Mallory & Webb. Price, \$5.50.

ART. XII.—*Obstetrics; the Science and the Art.* By CHAS. D. MEIGS, M. D., Professor of Midwifery and the Diseases of Women and Children, in Jefferson Medical College, at Philadelphia, lately one of the Physicians of the lying-in department of the Pennsylvania Hospital, Member of the Society of Swedish Physicians at Stockholm, etc., etc., etc. Third Edition, revised. With 129 Illustrations. Philadelphia, Blanchard & Lea. 1856. Pp. 758.

THIS is one of the most readable and instructive books that we have from the pen of Prof. Meigs. The style is superior, and the matter much better condensed than some of his later productions. His high standing as a teacher gives character at once to anything he may write, and which is found to be generally of practical value. This work has passed to the third edition, and must be considered as conclusive evidence of the estimate set upon it by the profession. We can heartily recommend it to the student and practitioner; while, at the same time, we would advise no one to adopt all his reasonings and conclusions without an examination for himself. Prof. Meigs, with all his sound practical sense, has his hobbies, and it will be as well to subject his doctrines to the test of experience and reason, before adopting them implicitly. This book is now one of the standard text-books and guides for the practitioner in this country.

For sale by Moore, Wiltach, Keys, & Co. Price, \$3 75. ◦

An Introductory Lecture to the Class of the Ohio College of Dental Surgery, Session of 1856-7. By C. B. CHAPMAN, A. M., M. D.

THE subject of this lecture is, "The origin and history of institutions of learning, particularly those for instruction in Science, in different periods of historic record."

Prof. Chapman shows great familiarity with the history of learned institutions, more particularly the origin and rise of medical ones. His lecture, in this respect, is valuable—as being pointed, brief, though sufficiently full to give his hearers a clear account. The lecture concludes with a strong admonition to the student to labor patiently and unceasingly if he wishes success.

We learn that the Dental College (located in this city) is in a flourishing condition—the present class being much larger than any previous one. It has an able corps of professors, and it ought to succeed. We heartily wish it success. †

EDITORIAL AND MISCELLANY.

A FRIENDLY GREETING TO OUR READERS.

It is with no feelings of sadness that we issue this the first number of our Second volume. One short year ago, and our expectations were clouded with the fear that our Journal might prove a failure, but now flushed with the success which we have attained, we feel buoyant and happy. It is, then, with a heart full of friendship and kindly feelings that we wish our readers one and all the compliments of the season—a happy and prosperous New Year. It is the season above all others to re-kindle the genial fires of old friendship, to bring into play the generous emotions of the heart, and the noblest sentiments of the head, and, in one word, to manifest to each other those traits becoming gentlemen engaged in a noble and liberal profession. It is the season to forget and to forgive—the attributes only of great minds. Let us, then, again, greet you all, readers and friends, hoping that you have no inconsiderable part in the triumphs of our art and science for the past year, the pleasures of the present, and the bright hopes for brilliant and valuable achievements for the future. We hope sincerely that the past year has but strengthened your faith in the principles and practice, and that with hearts full of impulse you will march on in the line of the great dead, only to enlarge the borders of our science.

With a retrospective eye, one finds much to regret, and thank Providence, for something to rejoice over. The sins of omission and commission are, however, in an editorial life many.

If we have offended any one, we are sorry, but can only ask pardon for the sake of the cause we are enlisted in. A commander of a brave army is often compelled to see regiment after regiment cut to pieces, that his enemy may be defeated—so in contending for principles, it often becomes the unpleasant, if not painful duty of an editor to wound some whom he would fondly save.

It is impossible to please everybody in any situation of life, and those who endeavor so to do generally end in being disliked

by all. "Woe unto ye when all men shall speak well of you," is of Scriptural authority, and is no less true in the every day affairs of life than it is in a strictly religious one. We may, then, say that it has not been our expectation or intention to please all—we would not if we could. Our only object is the good of our profession in all of its various relations. In working for its elevation and improvement we hope and believe we have the cordial sympathy of all good men. As for dishonest adventurers we care but little.

We shall do our utmost in this great valley of the West, to harmonize the profession, to excite to united action and a greater enthusiasm in its behalf. We shall labor to make the code of Ethics more popular, by showing its benefits and exposing its violations. No man need expect to escape us, if he is worth notice, in his violations of the code. It is our ritual, and must be observed. It matters little to us, how great the abilities of this man or that man may be, if he refuses to be governed by the code. We intend, then, to wage an unceasing opposition against quacks and quackery in the regular profession, who attempt to hide its ugly practices under the mantle of respectability. We feel free to pursue this course, if for no other reason than that we are not sold to any party, clique or college. We own the Journal, and we intend that it shall speak for the interests of the profession independently, truthfully, and fearlessly.

Our efforts shall be largely in behalf of Western men and Western schools, not with any sectional feeling as hating our Eastern or Southern brethren, but with that honest pride of spirit of those who love home institutions and home men, when they are worthy and capable. To young men, then, numerous as you are in the West, we say, be up and doing. It is not for you to settle down at some cross roads, or in some small village, or still more in a large city, and waste yourselves in practising the small amount of knowledge you may have acquired during two courses of lectures. No! Your profession is not a trade, whose principles or practice is fixed and determined; it is not an art simply, but it is above all, a science. Organize Societies, adopt the code of Ethics, for it is a great wall of defense against internal and external quackery; report your observations for our Journal, and determine to

be and to do in the glorious present of the profession. There is no excuse for ignorance now-a-days. It's no use to plead the want of opportunity.

To the older, we would say, determine to do something before you are gathered to your fathers. It is not meat and bread, houses and lands, alone, that should command all the attention of him who is engaged in the profession.

Encourage young men by your counsels and advice and example, but by all means assist in the organization of societies in your county, town, or village. The great evil of the age—the dominant idea of the age, is seen in our profession, alas, quite as well developed as in any other. Make money! money! money! is the whispering of a loud voice in the ear of too many. The student feels it, and thinks of it before he has mastered his Anatomy, and when he posts himself as a Doctor to the little world where he may locate, his first and his last idea is money. It is his vision by day, and his dream by night. No noble enthusiasm or thirst for the knowledge of any one or all of the various branches rages in his soul. Dr. Lolipop or Dr. Dindon he begins, and some fine morning, after years of practice, he dies with a difference—he is old Dr. Lolipop or old Dr. Dindon; and when this is said all is said. Hence it is, we find so many inquiring for good locations, rich people—of this one that he has booked so many hundred dollars—of that one that he is the owner of so many houses or acres. As a great result we have the base quackery under the guise of science—the humbug, the pretension, the low charges, the hypocrisy, professional envyings, newspaper puffing of unexampled surgical feats and practices (generally unsuccessful), all, be it remembered, the efforts of men to make money.

People in our profession forget, or else do not believe that it is only the men of great study and of the best qualifications who do make money. In truth, the times need more study, better qualification, and as a result we would have a higher tone, more investigation into the causes of disease, and a more successful practice. It is well-bred, educated gentlemen we want—men moved on by an intense love of their profession; not for the obtaining of every miserable incurable patient, but loving the study of the science, and giving to the profession the fruits of their study.

We hope, then, that our readers with the opening of the new year will stir themselves to do something above and beyond the common herd calling themselves Doctors. We trust that glowing health and intense determination may be theirs, to carry them on to the accomplishment of such high purposes. Our pages are open to all gentlemen, with whom we hope always to be found on the side of science, truth, and independence. Once and again, kind readers, a happy and a prosperous New Year. †

MIAMI MEDICAL COLLEGE—SUMMER SESSION.

THE Lectures of the Summer Session, connected with this institution will commence on Tuesday, the 10th of March, and continue until the latter part of June.

This course is an extension of the Winter teaching, and is without extra charge to the students of the College. Those who are not regular students of the Miami College will be charged *Fifteen Dollars*, and the amount will be considered as paid on the tickets to the ensuing Winter course; so that in all cases there will be no increased charge for this course to those attending the Winter Session. It is felt by the Faculty that the regular college session is too short, and this arrangement is intended to compensate for its briefness, as far as possible.

The following will be the programme of the Lectures: J. T. WEBB, M. D., on Anatomy; Prof. FOOTE, assisted by C. P. BRENT, M. D., on Chemistry; J. B. SMITH, M. D., on Theory and Practice; W. H. MUSSEY, M. D., Surgery; WM. CLENDENNIN, M. D., on Materia Medica; E. B. STEVENS, M. D., on Physiology and General Pathology; B. F. RICHARDSON, M. D., on Obstetrics; E. WILLIAMS, M. D., on Diseases of the Eye; G. R. PATTEN, M. D., on Diseases of Children. Regular CLINICAL LECTURES will be delivered daily at the College Dispensary, and two Medical and two Surgical Clinics at the St. John's Hospital every week, by members of the Faculty of the College.

It will be seen that this arrangement presents great advantages to the Medical Student. °

"QUACKERY IN NEW YORK."

THIS is the caption of an article in the December number of the *American Medical Gazette*, in which allusion is made to the


“newspaper puffs” of some of the Surgeons of New York city, “embellished with correct likenesses,” and a fulsome “fictitious biography” included. It says that these offenses are not of *recent origin*, and that “we know of no surgeon among us who could survive, if such publications were *proved* to have been made directly or indirectly by himself.” We would really like to know what they consider *proof*, in New York, sufficient to convict on such charges. Our opinion is, that in most instances the evidences of guilt are *prima facie* in the very nature of the case. These glorified men must, according to the *Gazette*, be very unfortunate: a minute history of their professional doings, somehow or other, can not be kept by the profession, and newsmongers—kind souls—are ever ready to assist in preserving the remembrance of their precious acts. We suppose that their “likenesses” must be procured while they are walking along the crowded thoroughfares of Broadway, or perhaps while driving post haste to the scene of disaster; of course all the time unconscious of the halo of glory that awaits them. We pity these men; we know they must suffer intensely in mind by being thus “victimized;” but they seem to bear up under the calamity with great Christian forbearance and resignation. They have our warmest sympathy in their troubles. o

PROF. COMEGYS' INTRODUCTORY LECTURE.

The Discouragements and Encouragements of the Medical Student; and a Proposition for the Legal Protection of the Medical Profession.—As we made some notice, together with a pretty full synopsis of this Lecture, at the time of its delivery, we will only, at this time, give one or two quotations from it. And first, we find an allusion to his venerable colleague, the Professor of Surgery, that we think will be pronounced alike affectionate and delicate:

“There is yet one more I will mention—

“Erect, though bearing the weight of five and seventy years, with eye undimmed, and still possessed of the courage of the lion, the nerve of the ox, and the delicacy of woman's touch; at the moment we would see him, he has just passed the ligature around the common carotid artery,—its fellow he has before tied; he pauses ere the knot is taken; his face is turned upward, with



lips firmly compressed and beaming eye ;—it expresses no vain egotism, no wish for applause, but gratitude to God, that surgical science has such resources, and that he should have been counted worthy to be the first to do this great act.

“ Do you ask his name ? Go to the rolls of surgery, and there, just below the name of Physic, whose pupil he was, you will find it associated with all who have shed luster on the American name. It is also in the world’s record ;—on the same page with Cooper, Liston, Roux, Dieffenbach, Lisfranc and Velpeau. Hundreds of the most eminent men of this valley are proud that his name is inscribed upon their diplomas ; and you are hastening on, also anxious to secure his approval of your application to enrol yourselves in Medicine. His companions are gone ; they await him in the skies. But long may our venerable MUSSEY be spared, to advance to full high success the young Institution for which he has, these few years past, labored with all the ardor of youth.”

We spare room, at present, but for another brief extract, which shadows the plan that Prof. Comegys proposes for the elevation of our profession :

“ We think a valuable reform could be effected by establishing academies of medicine in every county. They should be legalized,—and no man or woman be allowed to practice the profession of Medicine until they have had its sanction. Let the examination be as often as applications are made,—and chiefly by written questions and answers, just as is now done in order to pass from a lower to a higher grade in our seminaries of learning. No partiality would be possible, for all would have the same questions, both the regular and irregular applicant.

“ These academies of medicine should also be places of public discussion of all questions in Medicine. The profession needs such a forum. If the man who would practice homeopathy, eclecticism, botanics, or any other system, has what he calls superior light, let him there uncover it. He would not be able, then, to itinerate the community, and say in private, to the people, that he has made wonderful discoveries, evolved new principles, and found new remedies. They will send him to the forum of the profession, there to tell his story and defend his theory. The public in this country, by this means, would, in a few years (for time is necessary to break up an old order of things), look with as much interest to the discussions in the Academy of Medicine, as they now do in France ; and men would get a reputation upon their merits, rather than upon the amount of electioneering that is done for them in society.

“ Moreover, such an academy should be made the repository of

the experience of the profession at large, in the treatment of all the formidable epidemics. Dr. A. could deposit his experience in cholera, and so could all the other practitioners of the county; all so carefully prepared and indexed that any one could readily consult them. The same would be done for scarlet fever, and all important diseases. It is impossible to estimate fully the value of such contributions to medical knowledge. Some great generalizing mind, could elaborate, from all the contrariety of views in pathology and treatment, the most certain method to pursue.

“Again, such an accumulation of drawings, and morbid specimens would take place, in time, as would make its museum the resort of every inquirer, and lover of our science.”

We hope our confreres of the press will examine this proposition, and discuss its merits. †

From a Correspondent.—A subscriber in Meigs county, this State, writes to us, enclosing the money for two volumes, 1856 and 1857. After saying that he had thought he could not take the *Observer* in addition to other journals of which he was already in receipt, he says: “but still every month I was pleased and entertained with your journal, and I do not know how I well can do without it.” “One great reason why I heartily love your *Observer*, is the bold stand you take against charlatanry, and all its kindred, and I do hope and wish that all true medical men will respond heartily to your course; for indeed it is *just as much* our duty to kill Patent medicines, and silence their makers, as it is to cure the sick, heal the diseased, and go about doing good.” We are in the frequent receipt of expressions of approval and encouragement from our correspondents similar to this. We appreciate the good wishes of our friends, and shall strive to merit their continued confidence and regard. †

NOTT & GLIDDON'S “*Indigenous Races of the Earth.*”—J. B. Lippincott & Co., simultaneously with Trubner & Co. in Europe, will issue about the 1st of February, 1857, a new volume of Ethnological Inquiry. It will embrace contributions from Alfred Maury, Francis Pulszky, Dr. J. A. Meigs (Libr. of Acad. of Nat. Science at Phila.), Mr. Gliddon and Dr. Nott, as follows: *Contents*:—Preface by Dr. Nott. Chapter I, by Alfred Maury—Certain Philological Inquiries. Chapter II, Francis Pulszky—Icono-

graphic Researches on Human Races and their Art, &c.; Illustrated by accurate designs of the earliest and most authentic portraits and effigies extant on coins, gems, vases, bas-reliefs, busts, statues, &c.—(about 90 wood cuts, and 8 lithographic plates, some colored). Chapter III, Aitken Meigs—On the Cranial Characteristics of the Races of Men, etc., with notes by JOSEPH LEIDY, M. D. (Illustrated by about fifty *wood cuts*.) Chapter IV, J. C. Nott—Acclimation, etc. Chapter V, Geo. R. Gliddon—Respecting the *Unity* or *Diversity* of the Human Race, etc., with four wood cuts. Chapter VI, Geo. R. Gliddon—*Two Sections*—Illustrated largely. Alphabetical list of subscribers. Terms, &c. The work will be medium quarto, to match the first edition of the “Types of Mankind”—containing above 600 pages, and printed in the handsomest manner. Subscription in the U. S. \$5,00 per copy, payable on delivery of the book. This will be stitched in paper cover, and *bound copies* will be *extra price*, \$1,00 for cloth binding; \$1,50, half morocco, &c. Should any of our friends wish to subscribe for this forthcoming volume, we will forward their names to the publishers with great pleasure. ‡

Ohio State Medical Society.—We trust the members of the State Society will not forget the adjourned meeting to be held at Columbus on the third Tuesday of January inst. It will be a pleasant season to visit the capitol of the State, and as some important matters will probably be under consideration, we hope the profession of the State will be fully and ably represented. ‡

Dr. Shotwell's Portrait.—We have delayed the issue of this number to the latest date consistent, in hopes our engraving would be ready—just as we are going to press, we have received the first proof of the Portrait, with a letter from the artist stating that several weeks' illness had delayed the work. We are very much disappointed in this delay, but the engraving is most capital, we are happy to say, and will be ready for the February number. ‡

Doct. Louis Bauer, of the Brooklyn Orthopædic Institute, has been visiting a number of our Western cities this fall (our own city, with others), with the purpose of cultivating professional ac-

quaintances, and drawing professional attention to his Institute. While in our city a few weeks ago, he gave two lectures in the amphitheatre of the Miami Medical College which were largely attended, and received with evident interest and satisfaction. The topics were "*Hip Disease*" and "*Spinal Deformities*;" and although we took full notes of the lectures, we regret that we have not time or space to give a synopsis of them as we had intended.

Dr. Bauer is an original thinker—evidently an earnest, industrious man in his special department of Surgery; and he left upon the minds of those that heard him a strong impression of his capacity and fitness for all he proposes. He has some views upon this class of diseases that do not exactly accord with generally established opinions—nevertheless he enforces them with argument and facts; thus, for example, he traces Hip joint disease almost universally to traumatic influence—and while he does not deny scrofulous association—he thinks this scrofulous condition is more often *induced* as a subsequent state, and therefore, for the most part he thinks this disease is not properly a constitutional one.

Since the above was in type, we have received a letter from Dr. Bauer, in which we are promised monthly contributions to the *Observer*. We anticipate, in this, an interesting feature to our Journal.

†

The health of the city, considering the season, is remarkably good. The effects of cold or of sudden changes of temperature have been to us somewhat remarkable in some respects. We have seen several patients, some with a catarrh, others (the majority) who were seized with a chill, general muscular soreness, and fever. On purging gently and giving mild diaphoretics, the muscular soreness has disappeared, and the fever has lessened, but assumed the remittent type—the remission occurring in the morning. Quinine in free doses has broken it up. As people will have a name we have called it catarrhal fever. There is but little intermittent fever. Some cases of Typhoid fever are met with, which do well if the patients are nourished well, and gently stimulated. Small pox is quite prevalent in the different quarters of the city. One fact we have noticed is the remarkable susceptibility to vaccination which exists even among those who have been vaccinated and show

good "marks." There is no doubt of the fact, that in a certain proportion or ratio, vaccination runs out or ceases to act as a prophylactic. We would advise our readers and friends who are in communication with this city, to advise those of their patients to be vaccinated. We should have a law compelling every one to be vaccinated. †

A few words from the Publisher, to readers and friends generally, and particularly to all who receive this number of the Journal.

The terms for 1857 will be as for the last volume—\$2,00 per annum, and five copies for \$8,00, payable in advance; and especially to secure the club rates we must insist on advance payment strictly. For the work that is put upon the *Observer*, and the beauty of its execution, these rates are absolutely nominal, and place the Journal within the reach of any and all. Medical population is so scattered, comparatively speaking, that no system of agency or personal solicitation for subscriptions can be thought of. Traveling expenses would more than absorb all receipts in this way. We must, therefore, rely on the exertions of our friends all over the country, to extend our list; at some points we know personally this can not be done, as our clubs at these places embrace the whole faculty, but at others, we presume a little exertion would double and treble our number. If you like our Journal show it to your neighbor and ask him to take it.

We shall introduce some slight modifications in our arrangement this year, though the general plan, as well as the general tone and scope of the *Observer*, will be unchanged.

☞ We take it for granted that all our old subscribers will continue; and therefore send out this January number to all our present list. A few requested particularly when subscribing not to be retained unless re-ordered, none such will be put on our regular mail book, until we hear from them. We issue a large extra edition to begin the year, and we respectfully and earnestly request all gentlemen who receive this number, whether subscribers heretofore or not, to notify us promptly whether they do or do not wish the Journal. If it is declined, we shall take it as a favor, if they will at once send us a brief note, or return the *Observer* with their

name, and Post Office, and "*refused*" marked upon it. Some take off the wrapper, look at the Journal, and send it back ; sometimes it has the name but no post office ; sometimes the post office but no name ; sometimes without a scratch ; such persons, of course, succeed in annoying us ; but they give us credit for great sagacity if they think we will know what name to erase. Please attend to this matter at once, and do not wait till the middle or latter part of the year, and after our mail book is made up, decline to take our Journal from the office. We shall come to a strict and absolute cash system as fast as possible, it is the best and most agreeable for all parties, but long established laxity in these matters with Medical Journal publishers compel us to adopt the above plan to a certain limited extent. ‡

THE RELATION OF DRUGS TO TREATMENT.

An Introductory Lecture before the Medical Class of 1856-7 of Harvard University. By EDWARD H. CLARKE, M. D., Prof. Materia Medica.

WE are indebted to the author for a copy of this interesting and well timed address. No subject could be chosen for an Introductory, of more importance and value to the student, and indeed we may say that the lecture might be read with great profit by that too large class of physicians whose sole reliance is placed in drugs.

There is good in everything, to the philosophic observer ; and if Homeopathy with all of its fallacies has opened the eyes of all or at least of many to the evils of drugging patients, it has been of service. We know there is and has been much discussion as to whether there is an inherent recuperative power in the animal economy capable of restoring the patient to health, or throwing off disease. For ourselves we fully believe in its existence, called *vis medicatrix naturæ*. The author recognizes its existence and urges the importance of allowing before anything else is done, this recuperative power to come into play. In other words, he makes skill and the manifold medical appliances subsidiary to the natural

efforts of this recuperative power. In the discussion of his subject, he considers, 1st. The nature of disease. 2d. The various means at our disposal.

Under the first head he divides disease into self-limited, those of indefinite duration, and those necessarily fatal. Under the first he shows that many other agents than drugs are to be employed. From their nature they are not curative. Of the second class, he shows that only a few are cured by drugs. Such for example, as Anemia, Syphilis, Intermittent fever.

The third class, like the first, demands other remedies than drugs. The author points out the important therapeutic value of mental states—of hygienic influences, such as food, drinks, temperature, climate, &c. We are sorry we have not space to make copious extracts from this valuable lecture; we must content ourselves with the following, which we feel sure our readers will appreciate: “Drugs may be used to facilitate the processes which are the necessary methods of getting clear of disease, but they can not imitate those processes, nor be used as a substitute for them. You must not expect to drive a malady out of the body, by the introduction of a drug into it. Diseases are not mechanical forces; they are abnormal processes of change and destruction. When the cause of disease is seasonably removed from a part, the latter takes on healthy action as soon as it is capable of going through physiological alternations of waste and supply, which constitute health. It is by this physiological movement of waste and supply that disease is cured. Drugs can often aid this process. They can remove certain causes of disease, and certain products of disease. They can alleviate the pain which is incident to nearly all maladies. They can promote the removal of effete and unhealthy matter. But in doing this, they are rarely curative. They are adjuvants to other matters and to nature’s efforts. Moreover they are always an interference—the doing of something which might be omitted, and, therefore, not to be done without good reason.

“It has been said that the crowning excellence and characteristic of a great Surgeon is not the ability to perform, with marvelous dexterity, what are termed brilliant operations: not the nerve to draw a knife within a hair’s breadth of the carotid, without the

quivering of a muscle or the trembling of a finger ; not the knowledge to dissect through a complicated mass of nerves, arteries, veins and muscles, straight down to a desired point, with the least possible injury to the adjacent tissues; not all these qualifications, important as they are, but knowledge and science enough to know how to avoid an operation altogether.

“To be able to remove a surgical disease without the use of the knife, is the triumph of surgery. In like manner, the crowning glory of the scientific physician, consists, not in the skillful compounding of a prescription from the druggist’s bottles or the chemist’s laboratory ; not in the selection of a drug which is most sure to be followed by a desired action in the economy ; not in playing with the different functions of the system, stimulating here and depressing there ; not in doing all this, important as this is, but in carrying a patient through a disease according to the old motto, ‘*tuto, cito et jucunde*,’ with the least possible amount of drugging. The triumph of medicine consists in the treatment of disease by general agencies, without drugs or with as few as may be.”

The lecture is one that will do good. It is written in clear style, and singular to say, is gotten up in fine style. †

AMERICAN MEDICAL ASSOCIATION.

THIS body meets in Nashville, Tennessee, on the 1st Tuesday, the 5th of May, 1857.

Our Nashville friends are making arrangements (and which are probably by this time completed) so that the delegates and others who may wish to attend, can reach that city “in the shortest time, with most comfort, and the least expense.” We hope societies and other institutions authorized to send delegates, will make their appointments early, of *those who will attend*, and thus secure a large meeting. We know enough of the people we shall go among to feel assured that nothing will be wanting to make all strangers feel at home with them. A more warm-hearted, courteous set of men can not be found than the profession of Nashville.

It will be well for members of societies and institutions sending delegates, to remember that the adoption of the code of Ethics of the American Medical Association, is essential to the reception of their delegates. °

The Transactions of the American Medical Association for 1856, have been distributed to the members, and will be noticed in our next issue.

APPLICATION OF ICE TO THE OS UTERI IN CASES OF UTERINE
HEMORRHAGE.

PROF. D. W. Brickell in an article on Placenta Prævia, in the November No. of the New Orleans Medical News, speaks in the following language: "In my intercourse with medical men I have heard the application of ice to the os uteri, in cases of dangerous flooding, condemned as rash, unnecessary, and unsafe; but such condemnation has only been expressed by those who have never used it. I can only say, that I have now resorted to the remedy four times—in every instance successfully—and so prompt has been the relief, that I can not help regarding it as a true sheet anchor in such cases. I have never been able to theorize myself into the belief of its dangerous tendencies. It is altogether probable that the continued application of ice to the os or internal surface of the uterus, would be productive of serious consequences, but not so with its transient application. We apply ice to the abdomen to arouse the dormant energies of the uterus; in ordinary cases the susceptibility of the uterus to impressions directed through the sentient nerves of the skin, is active, and the organ contracts; but in another case, the skin will not serve as a medium of impression, the peril is imminent, and the organ must be reached more directly; there is no time for waiting on ergot, brandy, &c.; the stimulus of the bare hand in the uterine cavity is not sufficient; but a lump of ice carried quickly to or within the os, and in a moment withdrawn, will meet the indication and save life. So far from apprehending danger from its use, I have seen such prompt relief afforded, that I should henceforward be more inclined to rely on the application of ice to the *vagina*, than to the abdomen in ordinary cases of hemorrhage."

Large Ovarian Tumor Removed by Dr. Dunlap, of Ripley, O.—On Friday, the 19th of December, ult., Prof. R. D. Mussey exhibited an ovarian tumor to the class of the Miami Medical College, which was removed on the 18th, by Dr. Dunlap, of Ripley, Ohio. The solid tumor weighed 100 lbs.; and besides this, some five pounds of fluid were lost in the operation. This is, perhaps, the largest ovarian tumor ever extracted from the living subject. The patient, after the operation, did not weigh more than the tumor removed! She was doing well on the 20th—we have heard no subsequent report.

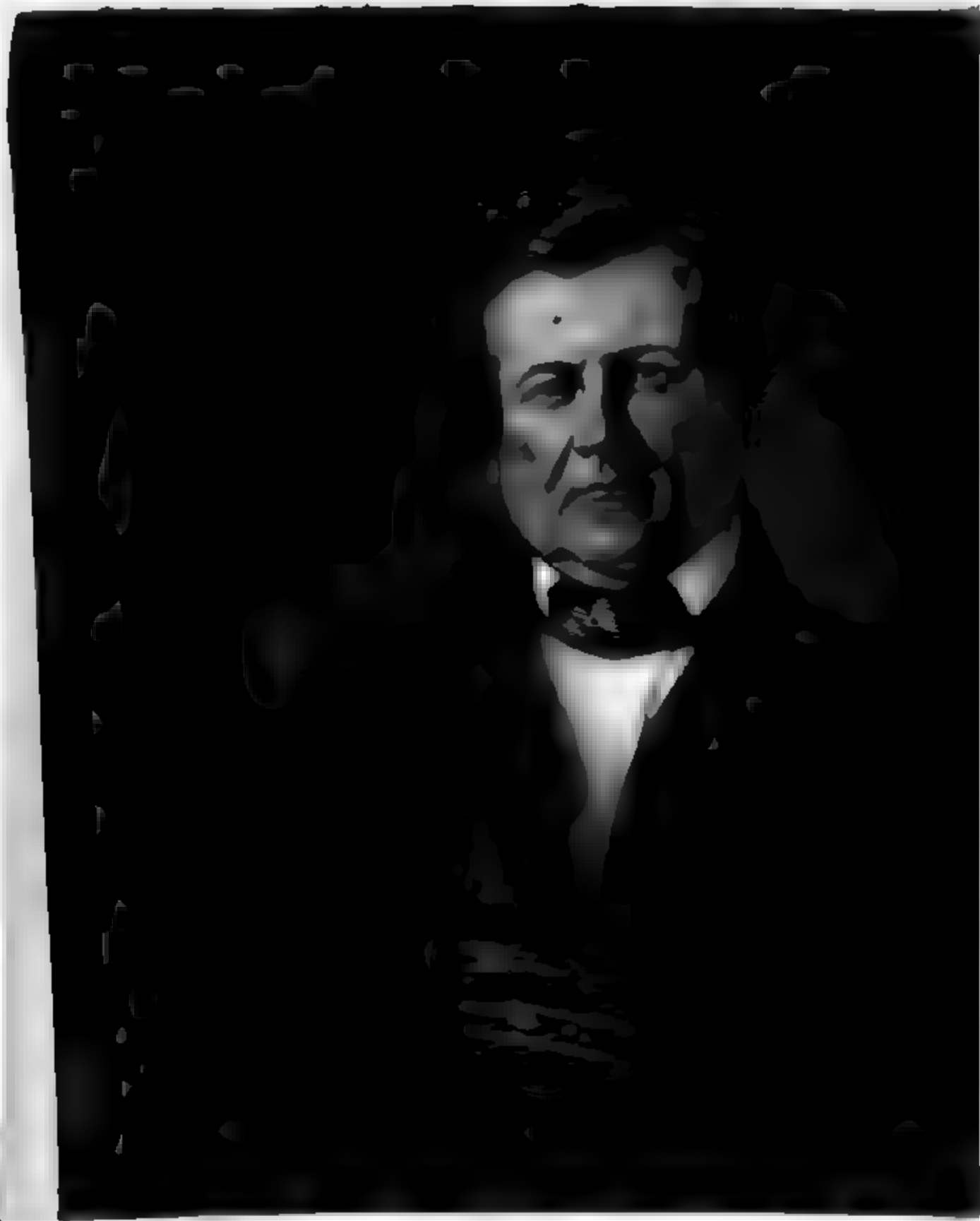
TREATMENT OF NEURALGIA BY THE VALERIANATE OF AMMONIA.

THE *Union Medicale* for July 8th, contains a remarkable case of cure of neuralgia by a new preparation, resulting from the combination of valerianic acid with ammonia. The patient, a lady, was under the care of Dr. Declat, and the account of the case is taken from the *Bulletin de Therapeutique*. This disease began with the appearance of a wisdom tooth, and had lasted for six years. The extraction of the tooth was followed by no relief. Under the care of Drs. A. Legrand and Jobert de Lamballe, all the ordinary remedies were tried in vain; sulphate of quinine, opium, belladonna, sulphate of strychnia, iron, gold, cinchona, &c., internally; poultices of opium, blisters, morphia, dulcamara, chloroform, collodion, aconite, etc., externally. Professors Sedillot and Velpeau saw the patient, without being able to afford her any relief. M. Jobert applied the actual cautery along the track of the inferior maxillary nerve; this had the effect of diminishing somewhat the pain, but still the patient could neither eat nor speak, and for six months she was obliged to have recourse to nutritive enemata and baths in order to sustain life. The waters of Plombieres (warm saline springs) for a time diminished the frequency of the paroxysms, but during the second season they had no effect, and after the third trial the patient was worse. At this time she became the patient of M. Declat, who began by trying Fowler's solution; this was followed by a slight but temporary alleviation, and the specific effects of the arsenic rendered it necessary to abandon its use. He then ordered (January 3, 1856) the valerianate of ammonia. A teaspoonful, taken at bedtime, diminished the pain, and rendered night endurable. Two teaspoonfuls in the morning procured further relief. On the 6th of January, the patient could go out and talk. On the 19th she could partly open her mouth, and began to eat. On the 3d of

February she could laugh, and was able to dine out. The dose was gradually increased to a dessertspoonful, night and morning. The improvement was so great that her countenance assumed another aspect, and her appetite returned with her hopes. On the 6th of May, the pain having entirely ceased for several days, the medicine was suspended. Several weeks passed without any return, but afterward, from time to time, darting pains occurred, which were always dispelled by the use of the valerianate.—*Boston Journal*.

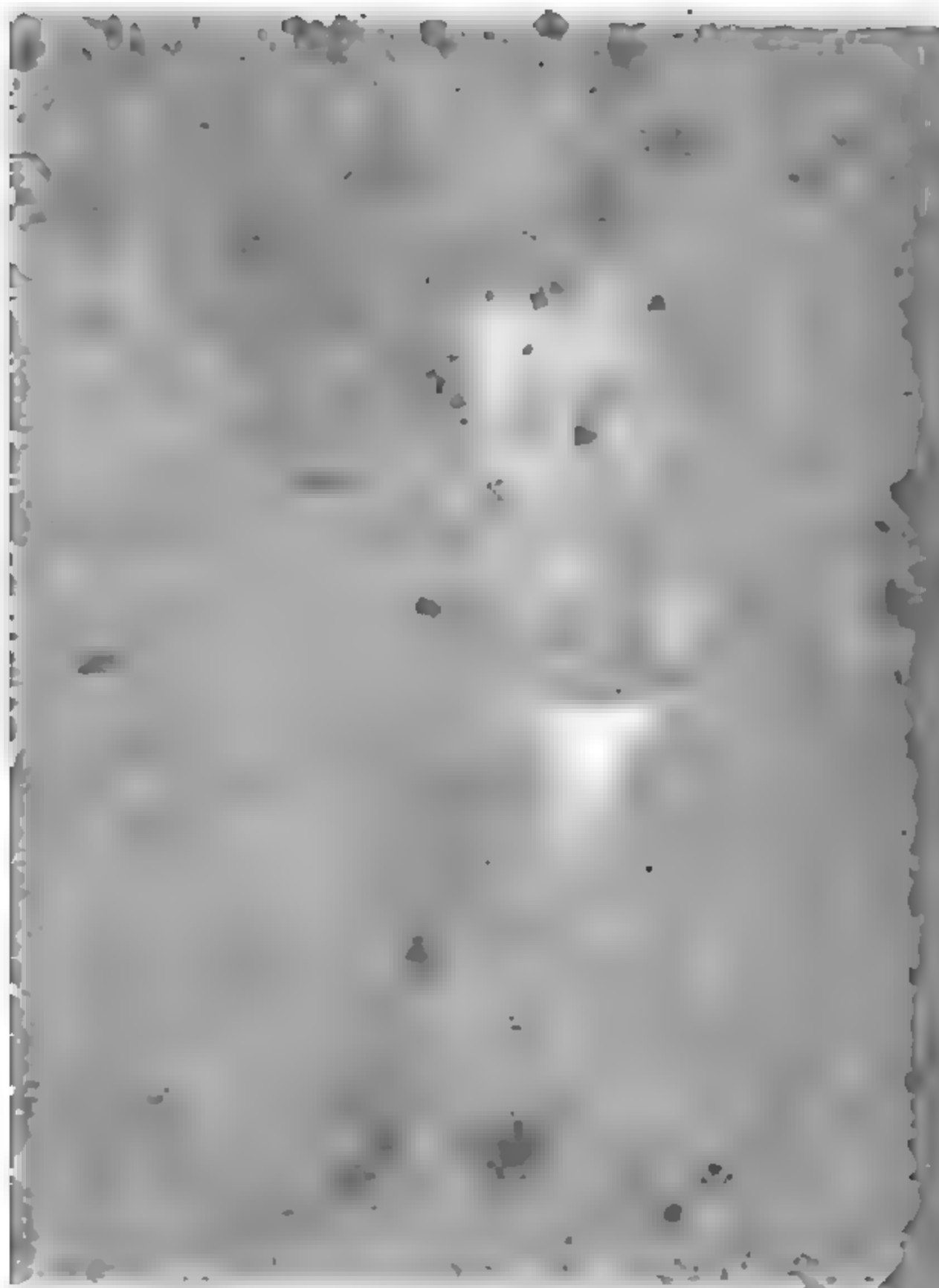
THE VALERIANATE OF AMMONIA.

IN our number for Nov. 6th, we noticed a remarkable case of neuralgia cured by the use of the *valerianate of ammonia* in doses of a teaspoonful. This preparation, which is of recent introduction in pharmacy, even in Paris, was entirely unknown to us, when we read the account of its effects in the *Union Medicale*, and we were ignorant that, if given in the above dose, the preparation is an active poison. Shortly after Dr. Declat's paper was published, M. Labourer, an apothecary in Paris, received a prescription for an ounce of this substance, to be taken in the dose of a teaspoonful twice daily. Alarmed at the dose, as well as the form in which the medicine was to be taken, before putting it up he consulted the physician who wrote the prescription. The physician who had no acquaintance with the properties of the valerianate of ammonia, had prescribed it in a case of neuralgia which resisted all the usual remedies, in the faith of Dr. Declat's recommendation, supposing it to be a liquid preparation, like the acetate of ammonia. It was arranged that half a drachm of the salt should be dissolved in an ounce of distilled water, and the solution administered in doses of a teaspoonful, under which treatment the patient experienced great relief, the dose having been afterward increased to a dessertspoonful. M. Labourer states that the preparation of the valerianate of ammonia is a long and difficult process, concerning which he intends to give the results of some investigations made by himself and M. Fontaines—results which can not fail to be interesting, since they relate to a new remedy which appears to promise so much. In the mean time, as it may be difficult to obtain this salt here, we recommend (on the suggestion of Mr. METCALF, of Tremont street) that those gentlemen who are desirous of trying it in cases of neuralgia, should employ the *ammoniated tincture of valerian*, a preparation nearly identical in its essential elements, and which has been given with success in this disease. The dose is half a fluid drachm.—*Boston Journal*.



Very Respectfully
John W. Shortwell





THE CINCINNATI MEDICAL OBSERVER.

CONDUCTED BY

DRS. GEO. MENDENHALL, JNO. A. MURPHY, AND E. B. STEVENS.

VOL. II.] FEBRUARY, 1857. [No. 2.

ORIGINAL COMMUNICATIONS.

ART. I.—*A Monograph on Ovarian Tumors; with an extended view of Ovariectomy as a means of cure.* By T. M. TWEED, of Eckmansville, Ohio.

THERE are, perhaps, no organs in the human body in which *cysts* containing fluid are so frequently found developed as in the appendages of the uterus, and particularly in the Ovaria. These sacs or cysts, which have not unfrequently been confounded with hydatids, constitute the disease termed *Ovarian* or *Encysted Dropsy*; and it scarcely admits of a doubt, from the progressive enlargement observed in the Graafian vesicles, that these cysts often originate in a morbid distension of these bodies. In other cases, Ovarian Dropsy arises from the development of a solitary serous cyst in the neighborhood of the uterus, in the folds of the broad ligament, or connected with the Ovaria, if not imbedded in their substance. The whole substance of the Ovary is converted into a large bag containing a fluid, or into a congeries of cysts of different sizes, which have no communication with each other.

These cysts, which differ considerably in the density of their coats, contain fluids which vary in color and consistence. In some it is serous, mixed with a slimy, ropy fluid, like jelly; in others it is a purulent fluid, or dark colored like coffee grounds; in some rare instances the contained matter resembles custard or soft cheese in others a thick dark brown fluid like treacle is observed.

Cysts containing a fatty, or sebaceous matter, intermingled

with hair and teeth and bones, have been frequently met with, either in the substance of one of the Ovaria, or adhering to them by a narrow neck. These hairs differ greatly in length and color; some are only a few lines in length, some several inches, while others have been seen which measured two feet three inches. Dr. Sinnet, of Ohio, reported a case to a Committee on Ovarian Diseases of the State Medical Society, in which he opened an Ovarian cyst, finding hair eighteen inches long resembling that of the lady, and, also, in the same cyst he found five teeth in a portion of bone resembling the superior maxillary.

In almost all cases where teeth have been found, they have been implanted into the fragments of bony or cartilaginous matter, and have resembled the rudiments of maxillary bones and alveola. Meckle thinks that these accidental teeth are produced like ordinary teeth in capsules filled with a gelatinous fluid.

These serous cysts have been classed under two varieties—the *Unilocular* and *Multilocular*. They do not partake of the nature of cancer, and have no disposition to degenerate into a malignant form. Yet the Ovaria are occasionally the seat of malignant disease.

Sometimes the Ovary is affected with encephaloid disease, or is converted into a large irregular-shaped mass of cysts and tumors, the section of which presents all the character of *hematoid fungus*. This fatal affection usually runs its course with great rapidity; and soon after its commencement, the constitution of the patient is much more affected than in the organic disease already referred to. These tumors of the Ovary sometimes assume a fibrous texture, or a dense fibro-cartilaginous structure, and in rare instances contain ossific matter and chalky concretions. Encysted Dropsy, however, is the most common form of ovarian disease. It is one which has baffled the skill of the most scientific, and given rise to an operation the propriety of which has been much discussed of late, and upon which the most eminent surgeons are divided in opinion.

It has been said that this disease attacks females indiscriminately, whether they be married or single. We find, however, in collecting the statistics, that this statement is not correct, and

that the married are more liable to it than the single, although the latter are frequently affected. Of 136 cases where this fact is noticed, 88 patients were married, 11 were widows, and only 37 were single—occurring in the proportion of one in 3 25-37, or 37 in 136 cases.

This result agrees with the opinion of Dr. Burns, who says that “the disease is more apt to affect those who have borne children than the unmarried.” And it is opposed to that of Dr. Ashwell, who thinks that “single women are, taking a given number, and comparing them with a given number of married females, most liable to the disease.

The *age* at which the disease attacks its victims, varies considerably. There are cases, formerly supposed to be numerous, occurring before the age of twenty; and Dr. Ashwell has known one case which commenced at the early age of fourteen years, contemporaneously with menstruation; but these are rare, for out of 126 cases, only three occurred before twenty. But the most common period for its production, is when all the generative functions are in full activity, and that is between the ages of twenty and forty years—the prime of life. And it has been ascertained that although many persons afflicted with it, arrive at a good old age, with little or nothing but their bulk to complain of, the *duration* of the disease, in the great majority, is very short. Out of 131 cases, the disease lasted only one year in 38; only two years in 25; 17 patients survived 3 years; 5 six years; 4 seven years; 3 eight years; 1 nine years; 1 ten years; 1 twenty years; 1 twenty-two years; 2 twenty-five years; and 1 thirty years. These statistics are of great importance, so far as they show the great and rapid mortality of the disease under treatment, and is an argument favorable to those who advocate the radical treatment of extirpation.

THE CAUSES.—The causes which produce this disease, are at present only partially known. Many patients are unaware of any structural disease going on in their system until they are encumbered by its weight; some perceive an uneasiness in the side, but can not trace the disease to any cause, while others attribute it to causes impossible to admit. Of 36 cases, in which causes were assigned by the patients them-

selves, for the origin of the malady, 14 were connected with the reproductive process, which is certainly a most prolific source; and the fact goes far to establish the proposition already stated, that married women are more liable to the disease than the single. Of these 14 cases, five occurred directly after marriage (which is distinctly stated as a cause by the patients); nine followed parturition, some of which were observed before complete convalescence; in many cases the disease occurred after the birth of the first child, and in one case after the seventh.

After marriage and its effects, the next most frequent cause is the sudden suppression of the catamenia, and seven patients of the 36 traced their malady distinctly to it. Two cases were traced to abortion; three to exposure to cold; two to falls or blows; one to a violent fit of anger; one to an eruptive disease; and one (in a single woman) to disappointed love.

The cause supposed by Dr. Denman to be the most fertile source of the malady, is the cessation of the menses. This occurred only twice in thirty-seven cases.

From these facts we draw the conclusion—as far as our numbers can be relied upon—that the production of this disease is referable in most cases to the effects of labor; that the sudden suppression of the menses is a cause next in frequency; that the excitement of marriage is next in order; and I believe that disappointed affection is one of the most fertile causes in those that are unmarried.

In the majority of cases, at the commencement, the mensual process is regular as in health; but the time becomes irregular and the discharge scanty towards the close. In some cases, even where the tumor has attained an enormous size, and is obstructing the other vital functions, menstruation is unaffected.

Pregnancy has often taken place, after the formation of this disease, and parturition has been concluded without interfering with it. One case of this kind is related by Dr. Ashwell, whose advice was sought by the parents of a young girl who had ovarian disease for two years, about the propriety of marriage. He endeavored to dissuade her from her purpose, but, not taking his advice, she married and had several children without the disease

producing any inconvenience. There are many cases recorded of married women having borne children after the full establishment of the disease; and in some instances, one, two and even three children were born after the tumor was of considerable size. One of the most remarkable instances of this character came under my own observation. The lady was the mother of five children, three of whom were born after the tumor had reached an enormous size.

A number of cases are reported, and well authenticated, where the patients have undergone ovariectomy, and one of the ovaria been extirpated, and yet they have subsequently enjoyed good health and borne healthy children. Some years ago, Dr. Buckner removed the right ovary involved in a tumor of twenty pounds weight, and the woman was subsequently delivered of a healthy child. In such instances, the mensual process and the power of reproduction are carried on by the healthy ovary; but when both are diseased these functions cease.

Dr. Frederick Bird, of London, reports a case in which he asserts that he extirpated both ovaria, and that menstruation was subsequently continued. This is certainly a mistake or an error in diagnosis. Otherwise, it unsettles all the teachings of our best physiologists on the subject, and we must look to some other organ than the ovaria for an explanation of the physiological changes in the uterine system, which produce the catamenial irruption. It is most probable that he removed a tumor from each side, which had its origin in the broad ligaments, but did not involve the ovaria.

The growth of an ovarian tumor is sometimes very slow, giving little inconvenience, and only becoming annoying by its bulk. It seems to proceed, for a time, independently of the general system, producing its work of destruction gradually, until at last it overwhelms its victim with alarming rapidity. I have seen a small ovarian cyst, lying dormant for a considerable time so as to throw a doubt upon the diagnosis, progress so rapidly in a few weeks, as to acquire a large size; obstruct breathing, and severely impede the vital functions.

Many patients have lived beyond the fiftieth year or their age; but this is rarely the case, the majority of patients, and especially

where the disease is active, being carried off in a few weeks, months, or years. The usual duration of the disease is from one to two years, although 26 cases of 131 existed ten years, and one continued to exist even thirty years.

It has been stated, and upon reliable authority, that the left ovary is most liable to affection. Mr. B. Cooper holds this opinion. He says: "Of fifty cases, I find eight had some malignant disease in some other part of the body; and that in thirteen, both ovaria were affected, and that the *left* ovary was more frequently diseased than the *right*." This result does not correspond with the one obtained from Dr. Thomas Safford Lee's table; for we there find, that out of 93 patients where this point was noticed (they being taken indiscriminately from the journals), the disease involved the *right* ovary in fifty cases, and the *left* in thirty-five; while in eight of the cases, both ovaries were diseased.

In a very elaborate report on ovariectomy, read before the Ohio State Medical Society, in 1851, by the late Dr. Philip J. Buckner, more than two hundred and fifty cases are recorded, and of the instances in which the ovary affected is mentioned, the *left* was diseased in the proportion of *one* to *three* cases. *

THE PATHOLOGY OF OVARIAN DROPSY.—In considering the pathological anatomy of cystic dropsy, there are many circumstances, even at the present time, for which we shall be unable to account. The precise anatomical relations of these tumors are not clearly defined. It will be sufficient, however, to mention the more evident and prominent facts, that they may be guides in practice, and leave the disputed points to those who are more capable of entering into the discussion.

The observations, which will include the necessary practical information in relation to this disease, may be confined to three prominent particulars:

- I. The various structures of cystic tumors of the abdomen.
 - II. Their contents.
 - III. The effects they produce on the different organs contained within the abdomen.
- I. The first of these divisions will contain a description of,
 1. The simple cyst attached to the ovary, or broad ligaments
uterus.

2. Enlargement of the Graafian vesicles.

3. Cysts unconnected with the ovary, found in various parts of the abdomen, and usually mistaken for ovarian dropsy.

4. Multilocular cysts.

To each of these anatomical characteristics, the attention of the reader will be briefly directed :

1. The simple cyst, which originates in the ovaries or the broad ligaments, is generally divided into two varieties, although they both possess very similar characters. The one is attached by a distinct and long pedicle, and the other is sessile. The walls are always thin, and semi-transparent, containing within their cavity a clear fluid. The peduncular variety appears to be stationary, seldom giving rise to much inconvenience ; while that which arises in the broad ligaments of the uterus may become so large as to fill the cavity of the abdomen, and present all the symptoms of ovarian dropsy, from which it can hardly be distinguished.

2. The enlargement of the Graafian vesicles is a very frequent source of cystic dropsy. We are enabled to trace this increase of size from the slight enlargement which accompanies a congestion of the ovary, to a much more considerable one, where it is evidently the seat of graver disease. And I think we are warranted in the conclusion, that many of the large ovarian tumors, where the ovary is lost, or occupies so small a portion of the sac as to be undistinguished, can be traced to the enlargement of these vesicles.

If the ovary of a woman in the prime of life be cut open and examined, there will be found under its proper covering a number of vesicles, which vary in size from a pin-head to that of a pea ; there may be one largely developed, or several of a much smaller size. These, then, when they take on morbid action, may increase so much as to destroy those most contiguous to them ; or one may assume a more rapid growth, and cause by its pressure the absorption of the tissue of the ovary, and thus convert it into a cyst. From this view, it is evident that ovarian dropsy very frequently arises from disease of the vesicles of Dr. Graaf, and the more its morbid anatomy is studied, the greater confirmation will this opinion receive. An additional fact, which

goes far to establish this proposition, is, that the origin of ovarian dropsy, so far as it is ascertained, principally depends upon the sexual orgasm, which chiefly affects the ovaria.

3. Cysts are not unfrequently developed in other parts of the abdomen, unconnected with the uterus and its appendages, producing the same or similar symptoms, requiring the same treatment, and undergoing the same changes, as those which have their origin in the ovaries. This is illustrated by a case which occurred under the care of Dr. A. T. Thompson, of University College Hospital. It partook of all the symptoms of ovarian dropsy: the patient was tapped forty-eight times, from which operation 177 gallons of fluid were discharged. The swelling commenced in the form of a tumor in the lower part of the abdomen toward the right side, which gradually extended to the left, and increased to such an extent as to interfere with digestion and respiration. On examination, after death, the tumor was found to have arisen in the *omentum*, close by the pancreas, and was attached by a long, thin portion to the uterus, but it was entirely unconnected with the ovaries.

A very remarkable case of this kind is given by Dr. T. S. Lee. Mrs. —, 50 years of age, married, had been laboring under a tumor of the abdomen for twenty-five years. She had had one child previous to its appearance, and three children since; she suffered in nothing from the disease, except its bulk, and up to the last, was able to amuse herself with household duties. The tumor was of enormous size, disturbing the breathing, and at last terminated fatally.

A *sectio cadaveris* revealed the following facts: The cavity of the abdomen was almost entirely filled with an enormous tumor, which pushed up the viscera to the right side, and compressed the spleen posteriorly. It was found to have commenced on the left side, just under the pancreas, *but below the peritoneum*, so that it rested upon the posterior muscular walls of the abdomen. A narrow pedicle, six inches long, of the size of a quill, connected it with the uterus. It had, also, formed connections with the other viscera of the abdomen. The cyst itself contained two pailfuls of turbid, whitish-colored fluid, with an immense number of balls of hair, mixed with fat, and calcareous matter;

no hairs were observed attached to the cyst, but the balls of hair, fat, and osseous deposit were as large as the closed hand. On the left side of the cyst, attached to the walls, was a mass of bone and teeth, etc., strongly resembling an imperfect fetus. This body was about four inches long, and covered by a membrane resembling the true skin, but closely connected with the sac. It presented at the upper portion an opening divided into two parts, like imperfect nostrils, immediately under which was a large bone, like the lower jaw, filled with teeth; on each side of this part projected a small appendage resembling the ear; below this mass were two long appendages, like abortive arms; the right one smaller, and composed of skin, at the end of which were a few hairs; the left was larger, still more closely resembling the arm, and apparently jointed at the shoulder and elbow; it contained one strong bone like the humerus, and two small bones for the forearm, but the lower end of these terminated the limb. At the lower extremity of the body of this mass was a large projecting bone, also jointed. This approached the form of a femur, at the lower extremity of which was an irregular deposit of bone.

This case, during life, presented all the appearances of ovarian dropsy. After death, it was found to possess masses of hair, and a body analogous to an imperfect fetus; and yet the cyst was located *beneath the peritoneum*, and consequently entirely detached from the uterine organs.

It has long been supposed that such productions are the result of extra-uterine conceptions; but this, at least, is not universally the case, as the foregoing post-mortem examination clearly demonstrates.

4. *Multilocular Cysts.* The symptoms to which this species of cyst gives rise differ materially from those produced by the varieties we have already noticed. Instead of distinct and clear fluctuation, we find this symptom very obscure, and only distinct in particular positions. This arises from the tumor being divided into a number of separate cavities, with walls sufficiently thick and tense to prevent the fluctuation of one cyst affecting the fluid of another. This is found to be the case even where the sac is removed from the body.

The form of the tumor, where it is multilocular, is irregular,

from the projection of secondary and tertiary cysts into its cavity and beyond its walls. Such portions feel fleshy, and when the hand is applied over them, fluctuation is perceived much less distinctly. The growth of these tumors is much more rapid than the other forms, its effects on the constitution greater, and its final results more certainly fatal. From the first appearance of the disease, a deep-seated pain is felt in the groins, and examination reveals a hard tumor, which may be mistaken for a tumor of the uterus or ovary. This may gradually enlarge, or become stationary for a time, but then suddenly increase, until it fills the entire cavity of the abdomen, pressing upon the diaphragm, affecting all the vital functions, producing dyspnoea, vomiting, oedema, and death.

The mode of the formation of these tumors, has been a source of great discussion among pathologists. Some believe that this particular variety is the product of hydatids; others, that it is enlargement of the cellular tissue; while others think that the growth is merely adventitious. This last opinion is advanced by Dr. Hodgkin, and is now generally received as correct. A glance at his principal arguments will be interesting: (*Hodgkin on Serous Membrane*).

Speaking of the adventitious serous membrane, he says, "that the adventitious serous membranes, like those existing naturally in the body, form complete shut cavities. As far as in our power to ascertain, they are wholly, or at least with very few exceptions, the result of an entire new formation, dependent on some anomaly in the function of nutrition, but with regard to the precise nature of which we are completely in the dark." He goes on to divide serous cysts into two distinct classes; the one, where they are simple, and, for the most part, solitary, and containing only one cavity; the other, where the sac possesses the remarkable property of giving origin to new growths having the same character as itself. The latter is the multilocular form, and will now engage our attention.

"In this form," says Dr. Hodgkin, "we observe on the interior surface of the principal cyst, elevations more or less rounded, and of various sizes, projecting into the interior of the cavity, and covered by a membrane which is continuous with the lining of

the principal sac. On making an incision into these tumors, we find that they also consist of cysts of a secondary order, filled by a secretion, often serous, but almost as frequently mucous. It is not, however, merely by these secretions that these cysts are filled; on looking more minutely on the interior of these cysts, there grows a cluster of other or tertiary cysts, upon which is reflected the lining membrane of the cyst in which they are contained. Cysts of a secondary order, not unfrequently afford as complete specimens of a reflected serous membrane, as either the pericardium or tunica vaginalis: the lining membrane of the containing cyst corresponding to the reflected portion, as that covering the contained bunch of cysts, does to the closed portion. The proportion which the contained cysts bear to the cavity of the membrane reflected over them, is extremely various. Sometimes the fluid, especially where it is of a serous character, nearly fills the containing cysts, while the bunch of cysts is of a very inconsiderable size. At other times, the superior cyst is almost filled with those of an inferior order; in which case we may generally find that the nodules, or tuberos elevations, which we may have observed on the exterior of the containing cyst, are occasioned by the unequal development of the contained cysts; for those which have grown most rapidly, and have obtained the largest size, forcibly dilating that portion of the cyst which is reflected over them, produce a kind of hernia of that part. It sometimes happens that the distension, occasioned by the growth of the contained cyst, is sufficient not only to distend the even surface of the containing cyst, but actually to produce a rupture, which admits both of the escape of its fluid contents, and of the uncompressed growth of the secondary or tertiary cysts which took their origin from its surface.

The cysts which I have been describing, as found on the internal surface of the first formed cysts, at times pour out a part of their contents into the interior of the large or parent cyst, either in consequence of an extensive rupture produced by the development of a contained order of cysts, as I have before described, or by small apertures, which likewise appear to be the result of distension. In both these cases, but especially the latter, the open cysts bear a considerable resemblance to mucous follicles on a large scale, and appear to be the principal sources of the very

copious and rapidly-produced secretion which is a characteristic feature in many cases of ovarian dropsy. This mucus bears a very close resemblance to that furnished by the glands of Naboth, and it is frequently so viscid that it passes with difficulty through the canula. The membranes of which these cysts, whether of the secondary or tertiary order, are formed, are liable to inflammation. The product of this inflammation, like that which takes place in the serous membranes, naturally belonging to the body, may be either of the plastic or unorganizable kind. In the former case, it leads to the formation of adhesions between the close portion of the membrane, or that which constitutes the cluster of cysts, and that portion which is reflected over them, forming the varieties of the containing cysts.

When the product of the inflammation is of the unorganizable kind, we find a secretion more or less puriform in its character. This secretion is found sometimes confined to one or more of the secondary cysts; at other times, it finds a way of escape into the interior of the principal cyst, and thus contributes to the variety in the appearance presented by the fluids, drawn off in the operation of paracentesis for the relief of ovarian dropsy. But the puriform secretion may proceed from the abrasion of the principal cyst."

This, then, I conceive is the most plausible theory of the primary formation of multilocular cysts. But there are other peculiarities which come under our notice, and deserve mention.

The size of these tumors varies greatly, from the small pedunculated cyst, to one which will measure four feet, or more, in circumference. No definite extent can be given to them, and the simple and complicated equally attain an enormous size. Their tendency is to increase until arrested by some pressure they can not overcome. Their growth is very rapid usually; the great majority of cases, as before observed, terminating fatally within two years.

The walls of these tumors are aponurotic, varying greatly in thickness; some are very thin, while others are thick and fleshy. Externally, they are generally smooth and shining, when undetached; internally, they present a variety of appearance. In some the lining membrane is rough and granular, and often

thrown into folds of different forms, from the diminution of the cyst by tapping or rupture. Sometimes a great portion of the cystic walls is very thick, and has, apparently, an outer and inner layer, with the intervening space filled with small cells: the whole mass, when cut, has the appearance of honeycomb, or a piece of sponge. Some of these cells are distinct, others communicate with those contiguous to them. I have seen the walls of one of these cysts two inches in thickness. Occasionally the cysts on the internal surface of the principal one, are pedunculated, presenting the appearance of a cauliflower, rough, granular, hard, and filled tensely with fluid. These masses may occupy only detached portions of the cyst, or entirely fill its cavity. Fibrous tumors may, also, project from the inner surface; and bony matter is frequently deposited within the walls, either in distinct patches, more or less extensive; or it may be deposited throughout the whole extent of the parietes of the cyst.

Hydatids have been frequently found in ovarian cysts. They are distinct, globular bodies, which support their own life, are unattached, floating in the fluid of the cyst, and appear to be foreign to it.

Ovarian tumors are very freely supplied with blood. Blood-vessels can be seen ramifying over them, and the principal cyst is sometimes so vascular as to cause its internal surface to be quite injected. Large blood-vessels are frequently seen running in all directions, both between the various cysts and externally on the tumor; and when present, add materially to the danger of paracentesis. I have seen vessels as large as the little finger ramifying in all directions over a tumor of this description; and in one case, a large vessel ran below the umbilicus, between the cyst and abdominal walls. Many are the instances which may now be cited, of death from hemorrhage as a consequence of extirpation of these tumors. The pedicle is often so largely and freely supplied with blood-vessels, that no ligature is sufficient to secure it.

The adhesions these bodies form with the neighboring viscera, will be fully considered, when we come to treat of ovariectomy as a means of cure.

II. *The contents of ovarian cysts.* These may be divided into

fluid and solid. Although we have briefly enumerated the varieties, and glanced at their character, it may not be uninteresting to consider them a little more in detail.

In the first class (fluid) we find great varieties. In the simple cyst there is generally to be found a transparent, straw-colored fluid, which is highly albuminous, coagulating on the application of heat or nitric acid. When such fluid is discharged, and entirely empties the tumor, the probability is that the cyst is simple, and the disease, at that time, benign; but if the tumor be not emptied, we can not draw such a conclusion, for this fluid may be only the contents of one of a multilocular cyst.

The next secretion most common in this disease, is that of a thick, glary, gelatinous semi-fluid, varying in consistence from that of a thick cream to almost solid matter. Frequently a fluid-like coffee is discharged. Under the microscope, it is found to contain blood corpuscles, in their perfect state, some with their capsule destroyed, and also small detached pieces of capsule without a definite form.

A light brown fluid may be drawn off, and towards the close of the operation, distinct white masses present themselves of various forms, preventing the exit of the remaining fluid by closing the canula. A fluid of this kind was found to be of specific gravity 1.025, and it became nearly solid on the application of heat or nitric acid; but it did not coagulate spontaneously. The solid matter under the microscope appeared to consist of granules, and the mass appeared to be fibrous. There were, also, similar globules contained in the fluid, with numerous blood-disks. Pus is often effused into these sacs after an inflammatory attack, and large quantities are discharged. Sometimes we meet with a fluid of an olive green color, containing a number of shining crystals: these are found by the microscope to be cholesterine.

Dr. Rees has given an analysis of five specimens of fluid taken from ovarian dropsies, and has compared them with the constitution of the blood, and finds in them an excess of water and extractives, but a deficiency of albumen. He says "it will be seen by comparing these analyses with that of the serum of the blood, that in every specimen there is a considerable excess o

water and extractives, and a deficiency of albumen. As all these fluids were of that mucoid tenacious character, so well known to those who are in the habit of examining the cyst of ovarian dropsy, I am inclined to conclude that this peculiarity of appearance is attributable to the presence of a large portion of extractives, particularly the albumen combined with soda, which opinion is confirmed by the experiments of Dr. Babington, who has succeeded in forming a mucoid fluid by the addition of alkalis to albuminous fluids or secretions." In the preparation the salts are in excess in proportion to the albumen.

"My reason," says Dr. Rees, "for regarding the salts in relation to the solid matter, is, that the peculiar mucous character of the liquors is owing to the nature of the solid ingredient, and quite independent of any peculiar portion of water, as might at first be supposed. Again, the alkaline salts obtained from the ovarian fluids, differ from those of the blood in not containing any phosphate which can be recognized, even as a trace, in the quantity of solid matter obtained from two hundred grains; experiments made on large quantities for the express purpose of detecting an alkaloid phosphate, showed a trace only."

From these experiments, then, we find that the fluids taken from ovarian cysts, when compared with the blood, contain *less* albumen than that fluid, although *more* than it, in combination with soda: and the peculiar mucoid character of such fluids depends upon an excess of extractives, particularly albumen combined with soda.

All the varieties of fluid may be contained in one ovarian tumor, as is often demonstrated by paracentesis. At first a pale yellow fluid may be evacuated, followed by a black and tenacious one, succeeded again by pus. This depends upon the bursting of secondary and tertiary cysts into the principal one, or inflammatory action resulting in ulceration. After death we frequently find these various productions contained in neighboring cysts. Mr. Howard, in the *Medical Gazette*, 1842, describes a tumor of this sort, he says: "The tumor was composed of an immense number of cysts of all sizes; their contents were very various,—in some the matter was colorless serum, in others it was yellow, in others as dark as coffee, and in others it was bloody. The consistence of these fluids was as various as their color."

We shall next give a brief description of the *solid substances* contained in ovarian tumors. Fat, hair, bone and teeth, as we are already informed, are the solid substances most usually met with. Formerly these productions were always attributed to *conception*, but subsequent observations have distinctly proved that the generative faculties have nothing to do with their formation. And the facts produced in proof of this statement arise, 1st. From the knowledge that these productions have been observed in virgins, and those too young for copulation. 2d, They have been discovered in other parts of the body, unconnected with the uterus or its appendages. And 3d, they have been found in the male sex.—*Vide. Baillie's Morbid Anatomy.*

1. Dr. Baillie has furnished us proof of the first fact, and has related a case where fat and hair were found in the ovaria of a little girl thirteen years of age. A little girl about thirteen years old was brought into the dissecting room and the blood-vessels were injected. The right ovarium was swelled to a size larger than a hen's egg. It was filled with a peculiar sort of fat and hair; at one place there were two long excrescences from the capsule containing this fat, which a good deal resembled teeth. The uterus was as small as at birth, and when opened, exhibited the common appearances. The girl had an entire hymen and the pubis was without hair. Such cases have been considered as impregnations, but in this case, the state of the uterus, the age and the hymen rendered such a supposition groundless.

2. These substances are found in tumors altogether unconnected with the generative organs. We have already referred to a case where the cyst contained in its walls a body resembling an abortive foetus, which was entirely unconnected with the ovaries, and was situated *under the peritoneum*, and lying on the muscular tissue of the posterior walls of the abdomen. In that case there were two large portions of bone, regularly set with teeth, corresponding to and representing two portions of the lower jaw, and other large bones were seen. The cyst which contained these bodies, and from which they grew, was of enormous size, and contained large quantities of fat mixed with hair. The disease was of twenty-five years standing. The uterus and ovaries were

healthy and unconnected with the tumor.

Tumors containing these substances are frequently found in other cavities besides the abdomen. Dr. Gordon, of the London Hospital, has met with a tumor in the anterior mediastinum, containing an osseous structure resembling a portion of the superior maxillary bone, some hair and teeth. And Sir B. Brodie has found some well formed teeth in the bladder.

3. These formations have, also, been found in animals, and in the male sex. Professor Coleman has described a tumor found in the abdomen of a gelding, in which two molar teeth of the horse, possessing the regular arrangement of bony matter and enamel, were attached; also, an incisor attached to a portion of bone resembling the jaw, and a quantity of hair and fat in a separate cyst.

Dr. F. H. Ramsbotham, also, states in his lectures that Ruysch possessed a tumor in his collection which consisted of teeth and hair, that had been taken after death from a cyst found in the coats of a man's stomach; besides a jaw with well formed teeth which had been taken from the bladder.

Duvernay saw a tumor extirpated from the scrotum, containing fleshy matter and bones.

Dupuytren related to the Medical Society of Paris the history of a tumor found in the abdomen of a boy, containing a mass of hair, and a fetus nearly ossified.

And in the first volume of the *Med. Chir. Transactions*, page 236, is a description, by Mr. George W. Young, of a fetus distinctly recognized in a cyst, in the abdomen of a boy (John Hare) about a year and a half old.

These cases are quite sufficient to prove that such productions are not the result of the procreative function — that they are not extra-uterine conceptions; but, more probably, that they are either the production of the cyst itself, or of the confusion of two separate ova at the time of impregnation. No doubt the latter supposition may account for some of these anomalous products; but we think sufficient stress has not been laid on the secreting powers of the cyst itself. For instance: we have already seen that it is no uncommon thing for a cyst to secrete bone; we have

quoted instances where the sac itself has been converted into bone ; and we have seen bone discharged from an ovarian tumor, during life. Besides, hair, also, can be produced by the cyst itself. In the museum of St. Bartholomew's Hospital, there is an ovarian sac, the inner surface of which has taken on a peculiar action, and has produced a membrane like the scalp, which is covered with hairs, they having a distinct bulb, and growing in the same manner as on the external surface of the body. Dr. Carswell, also, gives a beautiful drawing of an ovarian cyst, from a portion of which grew a considerable number of long hairs ; some hairs were detached, and had formed themselves into balls of various sizes. No hairs grew from any other portion of the cyst, and they possessed bulbs. We thus find, that the sac contains the power, not only of producing hair, similar, in every respect, to the natural hair of the body, but of bone itself, which becomes detached like the hair, and is found in variously shaped masses, in the cavity of the cyst.

Dr. Ashwell supposes, that these products have their origin from disappointed sexual appetite ; the power of production being present in the female, but the ovum not receiving the vivifying stimulus of the male semen, an imperfect developement is the result. But if we, for one moment, consider the foregoing cases, and reflect that they are found in all parts of the body, and in parts entirely unconnected with the generative system, and even in the male sex, this supposition of Dr. Ashwell must be erroneous.

III. We come now to consider, in the third place, the effects produced on the abdominal viscera by ovarian cysts.

In the early stages, these tumors more particularly affect by pressure the organs contained within the pelvis, causing retention of urine, and constipation ; producing, also, various changes in the position of the uterus. At a later stage, the results of pressure are felt in a more serious degree : the stomach is affected ; the chest is unable to perform its functions ; the kidneys are pressed upon ; suppression of urine takes place ; and sometimes, by the bursting of the sac, the peritoneum becomes inflamed.

There is a great tendency in these tumors to produce ulceration in neighboring organs. The colon, throughout its extent, is

subject to its ravages: many cases are recorded to illustrate this fact. The bladder has been perforated by the pressure of these tumors. Dr. O. Heming relates a case, in the translation of M. Boivin's and Duge's work, where "the bladder was opened by ulceration, and for a long time allowed hair to pass with the urine; at last a body was extracted from the bladder, as large as a hen's egg, presenting at one of the extremities a shred of skin containing hairs, and a bone in which was partially fixed a kind of tooth resembling a small molar. The communication of the cyst with the bladder was ascertained by the finger passed into the urethra. The person is said to have recovered."

These tumors, when small, and existing with pregnancy, give great trouble when parturition occurs, and frequently endanger the life of both mother and child.

The late Dr. Buckner, of Cincinnati, whose manuscript notes upon this subject I am permitted to examine, has given the following case: "I witnessed a post-mortem examination of a female in this city, who died suddenly from an obscure disease of the uterus, attended by profuse periodical hemorrhage. The abdomen was considerably enlarged by a solid tumor in the hypogastric region, extending as high as the umbilicus. In the left iliac region was another tumor, soft, and more elastic than the other. The periodic hemorrhage was preceded and accompanied by severe pains, resembling those of labor. During life the lady was attended by several medical gentlemen, of respectable acquirements, and several others, of great experience, were called in consultation. Yet none were fully able to diagnosticate the case. It was treated for dysmenorrhea; it was pronounced ovarian disease; some called it polypus of the uterus; while others thought it malignant disease of the uterus, complicated with ovarian dropsy. The *post obit* revealed the existence of ovarian cyst, about the size of the head of a full grown fetus, filled with a transparent fluid. The uterus was enlarged to about the same size. On cutting it open, the walls were found thick and indurated, and a large bloody fungus projected from the inner surface of the fundus, through the *os tincae*, into the vagina. Extensive adhesions existed to the rectum, bladder, and peritoneum adjacent. In the posterior wall and fundus of the uterus, was found extensive

ulceration within the compass of the adhesions with the rectum. This abscess had ruptured, preceding death, and discharged a large quantity of pus into the abdominal cavity; thus inducing death from actual inflammation in the peritoneum and intestines."

(TO BE CONTINUED.)

ART. II.—*Diseases of Richmond, Wayne county, Indiana, during the 8th, 9th, 10th, 11th, and 12th months of the year 1856.* By J. T. PLUMMER, M. D.

EIGHTH MONTH.—Contrary to the usual course of things, *intermittent fever* continued to occur throughout this month. Cases of *diarrhea*, *dysentery*, *cholera infantum*, and *scarlet fever* also existed. The drouth was such as to threaten to destroy the grass, until, about the middle of the month, a few light rains revived the verdure considerably. The mercury sometimes stood at 92° at the beginning of the month—was at 48° only on the 9th, and afterward varied from 42° in the morning to 81° in the middle of the day, making a change of nearly 40° in the course of six or eight hours. The last three weeks the wind was from the north, for the most part.

There were the usual variations in the ozonoscope.

NINTH MONTH was generally warmer than the preceding month. On the 16th the thermometer stood at 88°; and notwithstanding a few copious rains at the fore part of the month, the latter part was dry and dusty. There was little sickness, except a few instances of *bowel derangement*; and a few lingering cases of *ague*. A strong north-west wind occurred on the 18th.

TENTH MONTH.—This month also had some warm days; the mercury several times standing at 80 and 82°. Frost appeared at the latter part of the month, and, with the exception of a rain or two, the drouth continued throughout the month. *Intermittent fever* did not entirely cease to occur; and with a few cases of *dysentery* and *scarlet fever* constituted the diseases of the month. On the 13th a north-east wind precipitated the moisture and smoke in the atmosphere, so as, at 2 o'clock in the afternoon, to obscure objects at a few rods distance, and to require the stores

to be lighted with gas. The sky at the same time had a universal, peculiar glare. The ozonoscope at the time reached 3° in two hours; the day before, 5° in $1\frac{1}{2}$ hours.

ELEVENTH MONTH.—The drouth still continued; and the month was a very healthy one. We had much pleasant weather. One of the most notable changes in the ozonoscope, which I have yet observed, took place on the 20th of this month, when the instrument reached 5° in 35 minutes! Only three days after it required 30 minutes to reach 1° ; and one hour to reach 2° . Ague has at last ceased to occur.

TWELFTH MONTH.—At last the drouth (unparalleled in the memory of the inhabitants of this district) has terminated; so far, at least, as to have admitted our streams to be partially replenished; and things begin to assume their old-fashioned aspects. It is still a time of unusual health. I note a case or two of mild *erysipelas*; one or two of *remittent fever*, *rheumatism*, *bronchitis*, and other common affections of the season. The ozonoscope on the 15th indicated 2° after one hour's exposure.

Thus ends one year's report of the diseases of this place, interspersed with incidental matters, more or less connected with medical practice. In reviewing the report, it will be seen:

First.—That the unprecedented dryness of the whole year has been accompanied by as unprecedented a degree of health.

Second.—That, notwithstanding the protracted drouth, the intermittent fever persisted throughout the year, except in the closing month, in which cases may have occurred without coming under my observation.

Third.—That therefore this fever has not, this year, obeyed the usual law, of ceasing at the close of spring, or beginning at the end of summer.

Fourth.—That in order to reconcile the long career of intermittent fever, throughout the universal drouth, with the malarial theory, we may suppose there was a continuous drying of paludal districts, throughout the year; and that the winds wafted their vapors over the country.

Fifth.—That, so far as one year's observations will prove anything, no satisfactory conclusion can be drawn from the action of the ozonoscope, in an etiological point of view. It being very

active as well as very tardy, during the greatest degree of sickness, and as well the greatest degree of health, for the year. I do not, however, consider this year's experiments as conclusive against the medical utility of the ozonoscope. Its value should be tested in seasons of comparative health, as during the past year it has been done, and in seasons of malignant epidemics; and then compare the sums of the two results with each other.

Sixth.—We have seen, according to the usual rule, many aged persons destroyed by the effects of the severe winter of 1854–5; and on the contrary, we have seen them almost wholly escape the destructive influence of the winter of 1855–6, unparalleled for the intensity of its cold, in the annals of this country.



ART. III.—*On the Use of Ice in Uterine Hemorrhage*, by E. A. HILDRETH, M. D., Wheeling, Va.

EVERY physician has experienced the uncertainty, or to say the least, the want of promptness in the effect of the “usual” remedies for this difficulty. The remedy we propose is the *introduction of ice into the uterus*. It is not proposed as an “experiment,” for it is now about ten years since we first used it, and have a sufficient number of recorded cases to *prove* its utility.

The safety of passing a quantity of ice into the cavity of the uterus after the expulsion of the child or placenta, has been questioned by some, as we believe, on purely theoretical grounds. The effect in every case we have used it, has been to contract the uterus quickly, energetically and permanently; and as a matter of course stop the uterine flow. We have yet to see any unpleasant result, directly or indirectly arising therefrom, on the contrary, the relief afforded is prompt and permanent.

We do not wish to theorize¹ on the subject at this time, allow me me to subjoin a few *facts* as observed and noticed when they occurred.

CASE I. June 16th 1846, Mrs. McC æt. 40, in labor with her fourth child. Describes her previous labors as “lingering.” On examination “per toucher” found the os uteri thick, firm, opened as large as a half dollar—membranes entire—breech presenting pains slight. Prescribed Pulv. Ipp. Comp. grs. xii, and left

requesting them to call on me when the pains became more active. Called back in 6 hours, found her pains strong and expulsive, and half an hour after the child was expelled. Upon introducing my hand along the umbilical cord, it was ascertained that hour-glass contraction was present; the placenta remaining at the fundus of the uterus. An attempt was made slowly to pass the hand through the contracted portion but failed. Gave her Morphia Sulph. grs. ss. and permitted her to rest. Says she has felt no pain since the birth of the child. In about half an hour she had some pain with profuse hemorrhage. Used effusion of cold water over abdomen with pressure and gave her R. Morphia Acet. grs. $\frac{1}{4}$. Acet. Lead, grs. iii. Flooding is checked. Endeavored to extract placenta but failed. In about fifteen minutes flooding returned to an alarming degree—placed pounded ice over hypogastrium, and introduced several pieces of ice into the vagina as high as os uteri—flooding restrained and hour-glass contraction relaxed so that the hand could be introduced and placenta extracted. Five minutes after the flooding returned. Passed my hand into the uterus in hope of provoking contractions, but without effect—it feels like a *wet leather bag*. Pulse very small and frequent, face and lips pallid, complains of faintness and dizziness. Fearing now her rapid dissolution unless a more successful treatment was pursued, I seized a lump of ice as large as a lemon, and carrying it through the os uteri slipped it from my hand. The effect was immediate and powerful, expelling a quantity of coagula, and contracting the uterus to its usual size and firmness; a graduated compress and bandage were then applied—pulse 120, small, weak, complains of giddiness—M. M. perfect rest in horizontal posture—pulverized opii. grs. iii immediately after rest—Panada with Brandy. Saw her four hours after—has slept some—no return of “wasting”—feels comfortable—pulse 100, soft, full—womb well contracted—no pain on pressure.

17th. Feels well—slept well last night—pulse 90, weak—likes her Panada—no pain or tenderness over abdomen—lochia not more free than usual—M. M. let her rest.

18th. Doing well—22d thinks she can sit up—forbid it and discharged her, well.

CASE II. Nov. 7th, 1847. Called in haste to see Mrs. B. found a German woman attending her as mid-wife—the child has been born about an hour—placenta not delivered but she is flooding profusely, which alarmed the mid-wife—removed the placenta and gave Morphia grs. ss—friction with pressure over uterus—sent for ice—hemorrhage somewhat less—her face is blanched and anxious—pulse very frequent—passed a lump of ice as large as a walnut *into the uterus* which was followed by expulsion of coagula and firm contraction—repeated Morphia gr. $\frac{1}{4}$ and left her in care of mid-wife. She had no return of hemorrhage and subsequently did well.

CASE III. Called in consultation with Dr. W. of M., to see Mrs. M., a large, fleshy woman who has had miscarriage at the third month of utero-gestation. The fetus has been thrown off for several hours, but placenta retained—frightful hemorrhage supervened, during which she has twice fainted while in the horizontal posture—the placenta can be felt through the os uteri with the point of the fore finger—sent for ice, and during the absence of the messenger, endeavored to extract the placenta with Dewees' Placental Hook, but failed. Dr. W. had previously used Morphia, Acetate Lead, cold applications, etc., but the flooding continued, though in a more moderate degree. From her general appearance, coldness of surface, feeble pulse, etc., she must soon sink if not quickly relieved. At this juncture the ice came, and we prepared a crystal about the size of the index finger, and passed it through the os into the cavity of the uterus, as far as possible, and allowed it to melt, the flooding ceased and did not return again, although the placenta was not thrown off for 30 hours afterward. She recovered.

CASE IV. April 22d, 1849. Mrs. O., after a natural and easy labor was delivered of a second child—placenta followed in 15 minutes, bandaged her and left her doing well.

May 30th, called to her in haste—says she was taken “unwell” yesterday—the discharge growing more profuse ever since—(there is a case of cholera in the next room and she is badly frightened)—her bed is now saturated with blood, and she is flooding rapidly—os uteri easily admits the fore finger, and is ft and dilatable. Gave her Acet. Plumbi and Opium, applied

douche of cold water, ordered ice and used the plug—hemorrhage still profuse—complains of giddiness and singing in the ear, pulse very frequent and feeble—face blanched—re-applied cold douche but without effect—her husband, after considerable delay brought the ice—removed the plug which was followed by a considerable gush of blood—introduced into the uterus several pieces of ice the size of a chesnut—the effect of stopping the flooding was instantaneous. May 31st. Has had no occurrence of hemorrhage since the use of the ice. June 1st. The discharge from the uterus scarcely stains her cloth. She recovered.

We hope the above detail is sufficient to give an idea of its application; we have never tried it in a case of Placenta Previa. As to being “something new” we do not know nor care, if by making the practice more generally known through the pages of your valuable journal, we are instrumental in saving one poor woman from death by Uterine Hemorrhage, we are fully compensated.

ART. IV.—*Operation for Radical Cure of Hydrocele.* By W. H. BYFORD, M. D., Evansville, Ind.

I WAS called Oct. 8th, 1856, to operate on Mr. B. for Hydrocele. He was 53 years of age farmer by occupation, and had noticed the disease four years previously, which had gradually grown to its present size. The tumor was on the left side of the scrotum and measured eight inches in length, and almost five in diameter, crosswise. It gave him considerable pain (of distention merely), and impeded free locomotion. I proposed evacuations, with Iodine injections, stating the pain that usually followed, but he was desirous of merely getting rid of the bulky obstacle, and desired me to evacuate for this time, and if collection ensued he would be willing then to submit to any requisite safe procedure. With a small bistoury I punctured the scrotum in the most dependent locality, and desired him to call at my office if he should be free of pain, again in twenty-four hours, and if there should be pain and inflammation, to remain quiet and send for me. At the time the puncture was made, *nearly* all the fluid was evacuated, but not all, and it continued to “dribble away” for ten or twelve

hours. Next day he called and said he had suffered no inconvenience, but felt very much relieved from the clumsy bulk. Upon examining the scrotum I found the wound closed, and some two or three ounces of fluid still in the cavity of the tunica. No tenderness upon pressure, nor discoloration of the parts. I took a small silver probe, and with the sharp point reopened the wound which was not strongly adherent. A considerable quantity of serum was again evacuated, but not all. I directed him to return to me or send when the draining ceased. On the second day thereafter, he came to me saying that some slight soreness made its appearance the evening before, and at the same time the discharge had ceased. The parts were slightly tumefied and felt somewhat harder than natural. No decided pain existing. I desired him to be quiet for a day or two and use fomentations of warm water, neither of which directions was followed. When he came to me this time I introduced the large end of the probe so as to be sure that an opening existed into the cavity of the tunica vaginalis. He continued uninterruptedly to walk about and do "light work" from that time forward. I saw him every other day for ten days or two weeks, when he considered himself cured; some soreness lasted for two weeks longer when he entirely forgot it. It is now over two months since the operation, and to all appearances complete reunion has taken place between the opposed surfaces of the tunica, and a complete cure is the result. I had forgotten to state that he took one dose of Sulphate Magnesia during the time.

I record this case, Mr. Editor, as one of three that were in every respect so situated that it may serve as a specimen of the whole which have fallen under my observation and treatment. I would not be understood as saying that such would be the effect of this treatment in every case. It is possible that it might fail in most instances, but it certainly has not failed in any case in which I have given it a fair trial. There are two circumstances which I consider essential to uniformity of success in this operation, viz:—1st, That the puncture should be made in the most dependent part, and 2d, That adhesion between the lips of the wound should be broken up as often as formed until all the fluid is evacuated and adhesive inflammation is set up. We thus

establish a kind of fistula which admits for the time a slow evacuation of the serum, and probably also allows a sufficient ingress of air to cause a mild degree of inflammation. In all three of the cases the puncture was small and evacuation at the first sitting was not complete. It continued dribbling away by degrees for the first three days. If this operation upon further trial should prove successful, it I think is far more mild than that of injection or drawing a ligature through the scrotum, or any such irritating procedure, and is never attendant with any considerable amount of inflammation.



ART. V.—*Wound, Involving Loss of Scrotum*. By JOSHUA STEVENS, M. D., Lebanon, Ohio.

SEPT. 1, 1856, Mr. B. P., a robust young man, while in attendance on a threshing machine in brisk motion, accidentally fell backward on a spindle, which projects perpendicularly, and on which the horizontal shaft rotates. The seat of his pants were instantly twisted into a coil, involving the scrotum, and the whole together removed from their connections. The scrotum, with the adjacent integuments, from an irregular line an inch and a half above the root of the penis, to the extent of from one to two inches unequally down the interior of the thighs to near the verge of the anus, was thus detached. The naked testicles were drawn out and suspended considerably lower than their natural position, the spermatic cords being uncovered up into the rings.

To a surgeon of much experience, I presume this case would have presented nothing very formidable, and the indications of treatment would probably have been clear of embarrassment. But to us poor country practitioners, whose surgical cases are, for the most part, "few, and far between," *unusual accidents are always embarrassing* — and I write for such of the brethren who are in that category.

The questions that presented for immediate solution were, 1st, Can the testicles be saved? or have they not suffered, by the stretching and torsion of the cords, irreparable lesion? 2d, Are the resources of nature sufficient to produce a new scrotal investment? I could not recollect at the time any similar case, either

under my own observation, or in books. Hastily retiring with Dr. Dakin, who was called with me, we decided on the following procedure:

Premising that we would attempt to save the testicles, and it was important that they should have an investment of normal integument, we agreed that we would endeavor to bring forward so much from the adjacent parts as would cover the testicles, and secure by suture. But should we fail in this, we would, as a dernier resort, dissect up, laterally, flaps sufficient for the purpose, leaving the upper connections undivided, and bring them over on the Telecotian plan. ●

We succeeded, however, after considerable patient effort, in bringing the surrounding integuments over in front of the testicles, having placed them somewhat higher than their natural position. The flaps were then secured with stitches and adhesive straps, and covered with a soft compress and T bandage. On the fifth day all the dressings were removed—the stitches coming away together with small portions of the ragged edges of the flaps. They also retracted a short distance, leaving a strip in the situation of the raphe, about an inch and a half wide. With simple dressings speedy cicatrization took place, and on the eighteenth day he was dismissed.

Dec. 7th. I saw Mr. P. to-day. He is perfectly well. I had apprehended that there might remain some inconvenience from want of room, or a feeling of stricture from the scantiness of this new covering. But he says he is not sensible of anything of the kind. It is now more than three months since the accident.

MEDICAL SOCIETIES.

ART. VI.—*Transactions of the Medical Association of Wayne county, Indiana, held at Richmond, May 31st, 1856.*

EDITORS OF THE OBSERVER—Pursuant to a public notice, a number of the physicians of Wayne county, Ind., met at the Union School Building, in Richmond, for the purpose of organizing a medical Association. Dr. Personett was called to the

Chair, and Dr. Brandon was chosen Secretary. On motion, Drs. Smith, Wilson, and Haughton were appointed a committee to draft a Constitution and By-Laws for the government of the association. On motion, Drs. Harrington, Butler, and West, were appointed a committee to report Officers for the ensuing year.

The committee to draft a Constitution and By-Laws, after conferring together, reported a draft, which report was received. On motion, the same was read and adopted, by sections, with such amendments as were thought proper.

On motion of Dr. Butler, a Board of Censors was added to the list of officers of the association. The President then appointed Drs. Vaile, Butler, and Wilson, that Board of Censors.

On motion of Dr. Smith, the Preamble, Constitution, and By-Laws were referred to a committee on revision, which consisted of Drs. Smith, Wilson, and Butler.

The committee, appointed to report the names of permanent officers for the year, reported the following names:—*President*, Dr. W. B. Smith; *Vice President*, Dr. Personett; *Recording Secretary*, R. E. Haughton; *Corresponding Secretary*, Dr. Harrington; *Treasurer*, Dr. Wilson; which report was received, and the officers duly elected for the term of one year.

On motion of Dr. Smith, the Committee on Revision was instructed to so amend the Constitution as to admit Dental Surgeons, as provided in the Constitution, which says, Art. 4, Sec. 1, "The possessing of a diploma from a regular college of Dental Surgery, in good standing, shall be considered evidence of the eligibility of the applicant: *Provided, however*, he does not give his sanction and support to irregular practice."

On motion of Dr. West, the Committee on Revision are instructed to so amend the Constitution, that on *recommendation of the BOARD OF CENSORS*, Literary and Scientific men be admitted as members.

On motion of Dr. Haughton, the president was directed to appoint two essayists, on some medical subject, who shall read such essays at the next regular meeting. Drs. Butler and Test were appointed essayists.

On motion of Dr. Harrington, the corresponding secretary was instructed to hold correspondence with each medical man in the

county, and inform him of the organization of this association, and invite him to become a member.

On motion, adjourned to meet on the first Thursday in August next.

R. E. HAUGHTON, M. D., *Rec. Sec.*

ADDENDA.—The Constitution provides, *Art. 5, Sec. 1*, the president, at the first regular meeting after his election, shall appoint the following standing committees:

Sec. 2. A committee of three on Epidemics, whose duty it shall be to keep a record of the prevailing forms of disease in this locality, whether epidemic, endemic, or sporadic, and report verbally to each meeting, and by a condensed written report to the annual meeting, in which, as far as practicable, the cause, duration, number attacked, and mortality shall be given.

Sec. 3. A committee on Indigenous Botany and Geology, which shall report, annually, the extent of their investigations in these departments of science.

Sec. 4. A committee on New Diseases, and New Remedies, who shall, by observation and reading, gather from the current medical journals, all the information possible, in this practically useful department, and present it before each meeting of the society.

Sec. 5. A committee on Obstetrics, who shall, by a tabular statement, given annually at the May meeting, furnish such information as is desirable for the purpose of making out a full report in this department.

Sec. 6. A committee on Quackery, who shall report on the number and character of quacks, also the means resorted to by them in order to obtain business; and especially the well authenticated cases of mal-practice of which, from time to time, they may be found guilty.

Sec. 7. A committee on Publication, who shall collate a synopsis of our transactions, and present them to the State Medical Association for their disposal, or forward them to some medical journal for insertion, as in their judgment may seem best.

CORRESPONDENCE.

Boston, January 6, 1857.

EDITORS MEDICAL OBSERVER:—

THE commencement of a new year is always an important period to men of true business habits, as it is the proper time to estimate their financial position, to balance their ledgers, to learn their profit and loss, to review their acts of charity, and see how they may best subserve, not only their own interests, but those of the community, for the coming year.

What is true of the merchant, is no less so of the physician. He looks back through the year and estimates the results of his professional labors; how much pecuniary reward he may expect from them; how much good he may have accomplished in the exercise of his medical duties, and how many long and weary hours, by night and day he has toiled, with no other expectancy of remuneration than the consciousness of relieving pain and suffering, among that class of patients of whom Boerhaave said were his best, because God was their paymaster.

Perhaps there is no class of individuals who do so much gratuitous labor as physicians. The poor must have medical attendance, and most practitioners are willing to render the deserving their best service. The rich can pay liberally. But there is a class of persons who are capable of compensating their medical attendants, yet whose culpable neglect to do so calls for some decided action on the part of medical men. What is to be done? There must be a united effort among physicians in the faithful adherence to the *fee-bill*—a stated time for collecting dues—but above all, an *abandonment*, in part or in whole, of the credit system. Is this latter plan feasible? Without entering into any argument upon this point, I am convinced that the whole matter rests with physicians themselves; that by their united action the whole credit system could be abolished; and that, if this radical change was adopted, both the practitioner and his client would find themselves, at the end of the year, better in body and purse. There is a practitioner in Boston whose practice is wholly among the “sons of Erin,” and whose receipts are annually more than *eleven thousand dollars*! yet he never makes a charge upon paper. If this class of community can pay at every visit, why can not others? Adopt this plan, and all unnecessary visits would be obviated. the fee-bill moderated, the physician’s pockets made more familiar with

the "*needful*," and a better and more lasting *good-will* would exist between him and his patrons.

A fee-bill was established in Boston more than one hundred years ago, and has been subject to many changes since. In 1808, a Code of Medical Police was adopted by the Boston Medical Association, for the mutual benefit of its members. Among its judicious rules and regulations, I find that "It is recommended that physicians present their accounts semi-annually, on the 1st of January and the 1st of July, or as much oftener as they may deem proper." Notwithstanding this regulation of the credit system, the loss of debts is quite large, from the fact that some persons are so prone to evade an honest due, while others by their migratory habits are never to be found. This subject ought to be agitated. Quacks get their fees—how much more *deserving* is the educated physician?

We would not have doctors become sordid or avaricious, for fear they might fall into the same error as did the doctor who went to see the wife of a man who bore the sobriquet of Bogus. Before seeing the patient, he wished to have an understanding with the miserly husband.

"Here's forty dollars," said Bogus, and you shall have it, whether you cure my wife or kill her."

The woman died, and the doctor called for his fee.

"Did you kill my wife?"

"Certainly not," replied the indignant doctor.

"Well, you didn't cure her?"

"You know she is dead."

Upon this the enraged client repulsed the doctor, telling him that "a bargain's a bargain; it was kill or cure," but he "did neither!"

At the monthly meeting of the Suffolk District Medical Society, in November, Dr. Channing reported that he had treated several cases of Ovarian Cyst successfully—and had some now under his care—by puncturing the cyst and leaving the canula in order to evacuate its contents from time to time. The secretion gradually diminished, and the sac contracted. This method of treatment is better adapted to simple cysts than to a plurality in one patient. The only serious objection is the length of time required. If, as Prof. Simpson says, an ovarian cyst has no secreting power—we see how futile it is to subject a patient to diuretics, etc.

Scarlatina has been quite prevalent in Boston for the last two months, with a mortality varying from twenty to forty per week. It seems now to be diminishing. I do not know as it presents any marked peculiarities in its type—except it may be in some cases—there is but slight

soreness of the throat, no eruption, and death following in thirty to sixty hours; or, it may be that the first two children in a family die without any very distinctive signs of scarlatina while the third or fourth one exhibits a well marked eruption. I have noticed it among adults and nursing children, although it is not usual. Numerous paragraphs have appeared, from time to time, in our daily journals, extolling the prophylactic properties of belladonna in this disease. I give you a specimen of one of them—a correspondent says:

“Globule of *Belladonna*, taken every morning, by each and every member of a family—adults, children, servants, and all inmates—will certainly prevent the spread of this dreadful disease in every household that may adopt it, as certainly as vaccination will prevent the small pox. Ten cents will purchase a years supply of any of our Homeopaths. A wet finger applied to a globule and placed upon the tongue of a child or adult, is all that is necessary to be done to prevent the spread of this disease. I trust all who have this dreadful disease in their neighborhood will try this simple experiment, and those who do not find it true, I hope will say so through your paper, that this matter may be fully tested and established throughout our country.”

Amid the general alarm which a severe epidemic creates in a community, and an ever credulous public, of course the “globules” are much sought for by the marvellous, and they become as indispensable in some families as “spring physic” did twenty years ago. In regard to the prophylactic virtues of *Belladonna*, there is a wide diversity of opinion, both in Europe and in this country. Some eminent authorities assume the affirmative side of the question with their statistics, while others, as qualified, respond in the negative. Where it is used in families promiscuously, and they escape an attack, it is no proof of its efficacy. To arrive at any valid conclusion, it must be used among a large number of patients, congregated together, and exposed to the same influences. Inoculation has been proposed as a prophylactic measure. Isolation is undoubtedly the best method of preventing the spread of scarlatina, and should receive more attention from medical advisers.

Dr. O. W. Holmes no longer stands alone as the only devotee to poetic inspiration among our medical men; for at a recent centennial celebration of one of our Masonic fraternities, odes were sung from the pens of two distinguished physicians among us.

Dr. Ed. Brown-Sequard gave, in November, a very interesting course of lectures before a large class of medical gentlemen, upon the functions of the Spinal Marrow, Epilepsy, Diseases of the Supra-renal Capsules, the Glucogenic Functions of the Liver, Diabetes, etc. His physiological experiments and pathological deductions were highly entertaining, and strong commendatory resolutions were passed by his class.

The projectors of the New England Female Medical College are taking measures for the establishment of a Hospital in connection with the College, to afford the same facilities for acquiring a practical knowledge of medicine as is offered to students of the sterner sex. To have the institution correspond with the College, it must be called the *New England Female Hospital*, hence individuals from other States are invited to cast in *their mite*, under the following condition: that for every hundred dollars donated, whether the same be given by one or by several persons, in this or any other State, the donors will be entitled to free tuition for one pupil during the course of three years.

When these gentle surgeons take the knife to perform Lithotomy, and other capital operations, think you the *manes* of Dieffenbach, Cooper, Dupuytren, Roux and others will rest easy? Or will they, in these days of spiritual manifestations, direct the hand in its anatomical explorations? One might almost be willing to feel the glittering steel, if it was wielded by hands fairer than those of Venus, or swallow the nauseous draught, proffered with a smile, from these M.D.'s in crinoline.

I was present, not long since, at an entertainment at the Tremont House, given by the Faculty of the Boston School to their medical class and invited guests. These social *re-unions* are highly beneficial in cultivating a friendly sympathy between pupil and teacher.

The mortality of Boston for the year 1856 was 4260; being an increase of 180 over 1855. Consumption, as usual, takes the lead of all diseases. Small pox has been less fatal than usual—not a death has occurred for the last four months of the year.

Respectfully,

B.



WE ARE UNDER OBLIGATIONS to our friend Dr. BRUHL, of this city, for the following note in relation to the use of Valerianate of Ammonia in the treatment of Neuralgia.

Messrs. Editors—In the last number of your *Observer* you give an article, taken from the *Boston Journal*, recommending the use of the Valerianate of Ammonia, in cases of Neuralgia. Such medical gentlemen as are desirous of giving it a trial, will perhaps be pleased to learn that it can be obtained from Mr. Fennel, an able chemist, corner of Third and Broadway, who has prepared it with some expense by decomposition of the valerianate of zinc with the sulphuret of ammonia. A friend of mine having used it in an obstinate case, where the usual treatment was of no avail, corroborates the statement of the French practitioner.

B.

Cincinnati, January 15th, 1857.

REVIEWS AND NOTICES.

ART. IX.—*Transactions of the American Medical Association*. Instituted 1847. Vol. IX. Philadelphia: Printed for the Association, by T. K. & P. G. Collins. 1856. pp. 907.

WE are pleased to find this annual production again on our table. The present volume, we believe, is the largest of the series, and not at all inferior to its predecessors in the interest of its contents. We find in it many papers of great value. The first article, following the minutes, is the address of the worthy President of the Association, Prof. GEO. B. WOOD. Did our space permit we could give some extracts that might be read with advantage; but as the address appeared entire in the July No. of this journal, it is of less moment to reproduce it here.

In addition to this most excellent address of Prof. Wood, we have the following table of contents:—Report on Deformities after Fractures, by Prof. Hamilton, of Buffalo; Report on Hydrophobia; Two Reports on American Medical Literature; Report on Plans of Organization for State and County Societies; Report on the Changes in the Composition and Properties of the Milk of the Human Female, produced by Menstruation and Pregnancy, by Prof. DAVIS, of Chicago; On the Sanatory Police of Cities; Treatment of Cholera Infantum; Use and Effects of Applications of Nitrate of Silver to the Throat, either in Local or General Disease; On the Best Mode of Rendering the Patronage of the Government Tributary to the Honor and Improvement of the Profession; On Education; On the Medical Topography of the Eastern Shore of Maryland; Yellow Fever in Charleston, in 1854; Epidemics of Louisiana, Mississippi, Arkansas, and Texas; Meteorology, Mortality and Sanatory Condition of New Orleans, for 1854 and 1855; Report on Strychnia; On a Uniform System of Registration of Births, Marriages, and Deaths, and the Causes of Death; *Prize Essay*, On the Arterial Circulation, its Physiology, and Chief Pathological Relations, by HENRY HARTSHORNE, M. D., etc.; then follows the Plan of Organization of the American Medical Association, the Officers of the Association for 1856, and a List of the Permanent Members.

The senior editor of this journal had commenced the preparation of a synopsis of the Transactions, for this number, but sickness has prevented its completion, which will account for so meager a notice as we present at this time; perhaps we may resume their consideration.

The Report on Fractures, and their Deformities by Prof. Hamilton, is a continuation of the subject from last year. We have a great mass of facts accumulated, and their collection will be an important addition to surgical literature. We are very glad Prof. Hamilton proposes to give the profession a distinct treatise on this subject, at an early day.

The reports on Medical Literature, Causes which Impede its Progress, etc., were made, respectively, by Prof. GROSS, and Dr. BRECKINRIDGE; they are both able, and gave rise to a spicy debate upon the occasion of their reading.

By action of the Association at St. Louis, all those who have ever served as Delegates to any meeting of the Association, are regarded as Permanent Members, and may purchase the Transactions for any year or not, as may suit their pleasure. When the Transactions are desired, it is the *privilege* of a Permanent Member to purchase them at the same price that is paid by a Delegate, *three dollars*, no yearly assessment being now required of Permanent Members. Copies of any of the back volumes of the Transactions may be had by Permanent Members for *three dollars* apiece, except vol. VI., which is *five dollars*. Apply to Caspar Wistar, Treas. Am. Med. Ass., 479 Arch street, Philadelphia. †

ART. X.—*The Physician's Prescription Book*: containing a List of Terms, Phrases, Contractions, and Abbreviations used in Prescriptions, with explanatory notes; also, the Grammatical Construction of Prescriptions, etc. To which is added *A Key*: containing the Prescriptions in an Unabbreviated Form, with a Literal Translation. Intended for the use of Medical and Pharmaceutical Students. By JONATHAN PERKINS, M. D., F. R. S. Second American from the twelfth London Edition. Philadelphia: Lindsay & Blakiston, 1857.

THE title-page of this little book, which we have thus given in full, explains the plan in the best and fewest words possible. The first edition of this little work was published in 1824; it has therefore been before the public for more than thirty years. It

contains a large amount of information, condensed in small compass; and perhaps there are few medical men who might not study this volume with profit; it belongs to a class of books that we are not very partial to, but while there remains a necessity for these *helps*, there is nothing better, of the kind, in the language, than this *Prescription Book*, by the late Dr. Pereira. †

PAMPHLETS RECEIVED.

ART. XI.—*Eighteenth Annual Report of the Trustees and Officers of the Central Ohio Lunatic Asylum. For the year 1856.*

Second Annual Report of the Trustees and Officers of the Southern Ohio Lunatic Asylum. For the year 1856.

OUR new Asylum at Dayton is only fairly at work, but from this Second Report, appears to be in successful operation. There were a total of two hundred and twenty-one patients under treatment during the year, of which 61 were discharged cured, 1 improved, 12 unimproved, 10 deaths, = 84, leaving 133 in the Asylum at date of Report. There is 1 Superintendent, with a salary of \$1,200; 1 Assistant Physician, salary \$600; 1 Steward, salary \$600; 1 Matron, salary \$300; and in the various departments 35 persons employed. General expenses of the Institution for the six months ending November 1, 1856, is \$13,233 14; and for 1857 the Superintendent requests an appropriation for general expenses and necessary improvements of \$39,000.

The officers of the Institution at Columbus, are 1 Superintendent, 1 Assistant Physician, Steward, Matron, and Chaplain, with a total salary of \$3,200. General expenses for four months, ending Nov. 1, 1856, \$16,064 07. Appropriation asked for 1857, for general expenses, about \$40,000, and additional, for needed repairs and improvements, \$10,000. There have been three hundred and seventy patients under treatment during the past year, of which 64 were discharged cured, 44 improved, 21 unimproved, 18 deaths, = 147, and leaving 223 inmates at present. Dr. Hills, the Superintendent, makes many important suggestions for the better arrangement of the Asylum, and its comfort, but we have not space at present to give any further synopsis of these Reports.

We have not received the Report of the Northern Ohio Asylum, or that of our own county, at Lick Run. †

Transactions of the Illinois State Medical Society, for 1853, contains several able Reports, and the address of the President, Prof. N. S. Davis, which has been extensively noticed, and copied by the medical press.

Transactions of Kentucky State Medical Society, for 1856, contains the annual address of the president, Dr. Spillman; a Report on Improvements in Surgery, by Dr. Dudley; and a Report from a Special Committee, Drs. Hughes and Breckenridge, on the Collection of Medical Bills, and Improving the Finances of the Profession. This last is becoming a matter of *vital* importance to us, and we shall recur to this Report, and its topics, at another time.

“*Sorgho Sucre*,” or the Chinese Sugar Cane.—Though not strictly professional, yet the efforts that are making to grow this new plant, and make Sugar therefrom, are matters of professional as well as public and general interest. *W. P. Orme*, of Atlanta, Georgia, will forward a pamphlet, and any information, upon application; and packages of seed for \$1 30 each, postage paid.

Report on the Use and Applications of Nitrate of Silver to the Throat. By HORACE GREEN, M. D., L. L. D., etc. etc.—This Report on Dr. Green’s favorite theme, is a re-print from the Transactions of the American Medical Association for 1856.

A Discourse, Introductory to a Course of Clinical Surgery, delivered in the Amphitheatre of the Louisville City Hospital, November 7, 1856, by JOSHUA B. FLINT, M. D., Professor of Surgery in the University of Louisville.—This interesting Introductory is a *resumé* of clinical institutions, and historical references relating to clinical study, at different ages and countries of the world.

The Unity of Medicine; an Introductory Lecture, by Professor ALFRED STILLE, of the Medical Department of Pennsylvania College, delivered October 14, 1856.—We have read this beautiful address with sincere pleasure—a pleasure rendered double from the beauty of its getting up—we purpose at our earliest leisure to speak of it again.

EDITORIAL AND MISCELLANY.

PROFESSIONAL HARMONY.

THE medical men who compose the faculty of any community have it in their power to make professional intercourse and relations extremely pleasant, or extremely disagreeable, according as they adopt an honorable deportment, or otherwise. Indeed, we think it of very easy demonstration, that not only the mutual comfort, but the mutual interest of professional men, rests entirely with themselves. There is no doubt but we hold within ourselves the power to make the profession of medicine, and its practice, greatly more honorable, influential, and lucrative, whenever we shall determine to co-operate in our labors, harmonize in our plans, and work in concert—when we recognize the very certain truth, that our interests are *in common*, not *antagonistic*, and when we wake up to the folly of worrying and devouring each other. It is scarcely reasonable to expect the community at large to manifest a greater respect for our profession, or confidence in its teachings, than we manifest ourselves. While we expect to recur, from time to time, to the general principle above enunciated, we remark that we have been led to think of this matter, just now, specially, by the following professional incident which lately came to our knowledge.

A pauper died and was buried in one of the counties of southern Ohio. He had done no good while living, and an enterprising physician of the town thought it might be well if he could contribute something useful in death. So he exhumed him for *post-mortem examinations*. Certain circumstances, however, revealed the whereabouts of the body to a neighboring physician. This neighbor was so careful, in his respect to the sanctity of the law, that he sent an anonymous note to an officer, stating that the body of this pauper was missing from its grave, and could be found in the private office of Dr. M. Of course it *was* found, and the discovery created quite a village excitement. We are glad to learn, however, that for once the good sense of the people speedily reacted in favor of Dr. M. The contemptible meanness of this piece of professional jealousy was soon understood, and appreciated accordingly. Come friends let us lay aside such child play. †

DR. BRYAN is mistaken when he says, that since the *Examiner* has ceased to exist, his is the only monthly medical journal in Philadelphia. We should be very sorry to lose the *Medical News* from our list of exchanges.

OHIO STATE MEDICAL SOCIETY.

WE were not able to be present at the adjourned meeting of the State Society, held at Columbus, Tuesday and Wednesday, January 20th and 21st. But through the politeness of Dr. W. W. Dawson, Sec'y., and our friend Dr. Bonner, we are enabled to prepare an abstract of the proceedings. The meeting convened Tuesday afternoon, in the new State House, and Dr. Aul, the President, being absent, Dr. Davis, of Dayton, 1st Vice-President, presided; Drs. Dawson and S. B. Davis, Secretaries. Drs. Hamilton, Hurxthal, Potter, Robertson, and Hildreth, Committee on Admissions.

Post-Mortem Examinations.—Dr. Robertson, who was appointed to memorialize the Legislature for a law regulating Post-Mortem Examinations at Coroner's Inquests, presented a petition which he had prepared, which was, on motion, approved of by the Society, and the officers directed to attach their signatures to it officially.

Plan to Regulate the Practice of Physic.—Drs. R. Thompson, R. Gundry, J. M. Bigelow, S. B. Davis, and E. S. Hill, were appointed to report a Plan to Regulate the Practice of Physic in the State. At a subsequent session, on Wednesday, two reports were made to the Society, and, so far as we can see, the two embrace essentially the same features. They recommend an application to the Legislature for laws legalizing the Study of Anatomy, for the Formation and Protection of Local and State Societies, and for the Establishment of a State University of Medical Science. We understand this State University does not contemplate any teaching powers, but simply to be clothed with the sole privilege of dispensing Diplomas. This University to be composed of one Delegate or Representative from each Medical College, and one for each Congressional District. It was resolved, that Drs. Gundry, Bonner, and Fyffe, be a Committee to carry out the purposes of the Report, and solicit the co-operation of the Medical Colleges in any other manner.

Registration Law.—On motion, the following resolution was adopted: That a Committee of three—which consisted of Drs. Bigelow, J. B. Thompson, and Bonner—be appointed, whose duty it should be to confer with the Secretary of State and the Committee of the Legislature on a Bureau of Statistics, and inquire why a failure of the law, requiring the registration of marriages, births, and deaths, has taken place the last year, and report to the Society before its adjournment. This Committee afterward reported: That in a conference of the Committee with the Secretary, he stated, that the law was passed after the date of furnishing the Township Assessors with blanks, and consequently it was

impossible to print and furnish the blanks to Physicians and Surgeons in time for the present year. The Secretary assured the Committee, that the necessary blanks should be forwarded to County Auditors, within a few weeks.

On motion of Dr. Barr, it was resolved, That a Committee be appointed by the Chairman of this meeting, to memorialize the Legislature of this State, on behalf of this Society, and the Profession generally, to legalize the Study of Practical Anatomy. Drs. Barr, S. M. Smith, and W. W. Dawson were appointed that Committee.

Dr. W. W. Dawson was appointed a committee on the Obituaries of those members who have deceased since the Report in June, 1851, and up to the appointment of Dr. R. Thompson, last year, standing committee on Obituaries.

Dr. John Dawson was not ready to report on Surgery, but would do so at the June meeting.

Dr. Thompson also deferred his report on Fractures to the same time.

Dr. Trevitt gave an interesting report on Mineral Waters, and was continued to report further on the same committee.

The resolutions offered at the last June session, in relation to nostrums, patent medicines, etc., by Dr. M. Green, were taken up, and subsequently indefinitely postponed.

Drs. S. B. Davis and John Dawson were appointed a committee to report as nearly as possible, the cost of publishing the proceedings of the Society at its last session and the present.

Dr. Davis afterward reported that there was sufficient money in the treasury to print the transactions.

Dr. W. W. Dawson was appointed a committee to report to the Secretary on the Sanatory condition of Cincinnati.

Dr. Gundry was appointed to make a similar report in reference to the city of Columbus.

The members of the Society were requested to furnish the special committee on Obituaries (Dr. W. W. Dawson, of Cincinnati) any facts that may be in their possession in regard to the age, character, professional life, and standing of members who died between June 1851 and June 1856.

Drs. Wright and Wood.—The special committee on charges against Dr. Wood were ready to report, but it was laid over until the June meeting.

Admission of new Members.—Drs. Gilchrist, of Logan, J. E. Morris, of Bellebrook, W. A. Shepherd, of Samantha, and Dr. Flowers, of Lexington, Perry county, were elected members of the Society.

The usual complimentary vote was tendered to the officers, and to Mr. Gibson, Treasurer of State, for the use of the room occupied.

Society adjourned *sine die* on Wednesday afternoon. ‡

TO READERS AND CORRESPONDENTS.—We commence a *Monograph* in this number of the *Observer*, on Ovarian Disease, by Dr. TWEED, of Adams county, in this State. It is a heavier article than the limits of our pages will ordinarily justify; but Dr. Tweed's paper has been prepared with so much care, that it will admit this departure from our usual plan of short, pithy, practical articles, and we are very sure will well repay a careful reading. ‡

WE HAVE ARTICLES ON HAND from Dr. Geo. McCook, of Pittsburgh, Dr. Palmer, of Brooklyn, O., Dr. Cochran, of Sandusky, Dr. Jones, of this City, Dr. Millard, of Illinois, and Report of Jay County (Ind.), Medical Society. They will appear as soon as we can spare space; and in the mean time we repeat our solicitation to the working men of this valley to give us the benefit of their observation—Reports of Cases, Experience with New Remedies. Have you decided success with your cases? how do you treat them? Reports of Societies are always acceptable; especially condensed abstracts of papers and discussions—the are edifying and profitable. ‡


WE ARE IN THE CONSTANT RECEPTION of flattering letters from widely scattered correspondents—thus: "The *Observer* comes regularly to hand, and I like it much:" or another writes, "We are much pleased with the independent spirit and tone of your journal." "W. G. B." writes us considerably more at length, and we shall give his note a place in full next month; it was too late for our present number. To all these friends we return our sincere acknowledgments, and ask that they bear in mind, that just now we need a little extra exertion from each friend we have, to swell our subscription list. ‡

MEDICO-CHIRURGICAL SOCIETY OF CINCINNATI.—This Society has the question of throwing open its doors to the public, under consideration. This is the plan of the New York Academy of Medicine, and, after strong opposition, it has worked up to a position of great influence and usefulness. It is proposed to secure a comfortable Hall for the meetings of the Society, and admit all well disposed persons to be present and hear its deliberations, who feel sufficient interest in our profession. The proposition gains favor with discussion. ‡

EXCHANGES.—We have received the *California State Medical Journal*, for October. It is an excellent journal, of about one hundred and fifty pages, quarterly, bearing the evidence of an ability of editor and contributors that would do no discredit to older journals. The Profession of the Golden State will certainly be untrue to themselves, if they fail to give so worthy an exponent an ample support. Dr. Morse, please send us your *first number*.

THE SOUTHERN JOURNAL, at Knoxville, has come to life again. We are glad to see it on our table once more, and trust its new lease on life will be vigorous and permanent.

IT WILL ALSO afford us a great deal of comfort when our friends of the "*Iowa Journal*" catch up, which we hope, for their sakes and ours, will be soon.

THE MEDICAL INDEPENDENT makes the *amende* promptly and good-naturedly—we hereby offer our  for a fresh start.

THE WESTERN LANCET, our worthy and esteemed neighbor, comes to us enlarged this year, and under a new editorial supervision, according to previous announcement—the journal having passed into the hands of Professor Blackman, as Editor and Proprietor. Dr. Blackman comes into the editorial chair with acknowledged ability, and will doubtless sustain the character of the *Lancet*. In this connection it is also proper to remark, that the *Western Lancet* has evidently improved in every respect during the past year.

THE SOUTHERN MEDICAL AND SURGICAL JOURNAL.—The January number of this excellent Journal comes to hand under the editorial management of Drs. Henry F. Campbell and Robert Campbell. Drs. Dugas and Rossignol withdraw on account of other engagements.

DR. SHOTWELL'S PORTRAIT.—We think the *steel engraving* of the late Prof. John T. Shotwell, which accompanies this number of the *Observer*, can not fail to prove highly satisfactory to his very many warm friends and admirers, and will be entirely acceptable to the readers of this journal. Those who have seen it pronounce it most capital. We were sorry that the artist disappointed us in having it ready for the January number, to go out with the biographical sketch; but the delay was unavoidable. The portrait of the late Dr. Buckner is in the hands of the artist, and will appear in this journal early in the present year.

THE SUM OF £250 was voted by the town council of Edinburgh, to Dr. ALISON, out of its "special purposes fund," as an offering, on his retirement from the chair of Medicine in the University.

WITH a view to extending our Subscription List we place a few selected names on our books. To such we send the present number of the *Observer*. We trust all such will express their satisfaction with this arrangement by an early remittance. Should any who received the *Observer*, for 1856, find it cut off now, they will please inquire if they are not delinquent? In this matter if we should make any mistakes we will cheerfully rectify.

1856 FOR \$1.—We have a limited supply of complete sets for 1856 on hand, which we will be glad to close out to new subscribers at \$1; or \$3 for 1856 and 1857. Vol. 1 contains steel engravings of Drake and Mussey. We will also forward back and missing numbers to complete sets, with pleasure. †

POSTAGE.—We pre-pay the postage on every number of the *Observer* mailed after the receipt of the subscription; we have been careful in this matter, nevertheless we may have made *occasional* mistakes. Some of our subscribers, however, write us that they have been *regularly* charged postage, notwithstanding advance payment to us. We feel very sure the fault is not with us, nor with the P. O. Department here, as in many instances we have seen our packages receive the stamp of "*paid*" here. If there are other instances of this trouble we hope subscribers will advise us promptly, and we will have the matter inquired into. We'll see if we can't give Mr. Buchanan's new P. M. Gen. some new appointments to make. †

BUREAU OF STATISTICS.—The present Constitution of this State provides for the organization of a Bureau of Statistics; which of course would include all the proper proceedings and information in reference to Vital Statistics, Public Health, etc. The Governor, in his recent message, also recommends that this Department be put into operation, and it is to be hoped that the Legislature will see fully its importance, and not let the present session pass, without providing the requisite act for gaining all the necessary information upon which to base a full statistical report of Ohio. A Sanatory Law has been passed, which will be of little value, unless the inquiries extend to every interest in the State. It will be almost impossible to get a due observance of it, unless an interest is excited in reference to general Statistics. The whole subject should be carried along by a common interest, and then we may look for efficiency in this Department, which must eventually result in furnishing information of great value to our citizens. Much can be done by the influence of our Profession, in effecting the object in view. °

INVERSION OF THE TOE-NAIL.—A new plan for the treatment of this painful affection is thus given by Mr. Lovegrove:—"The nail, which is usually very thick on the great toe, was scraped moderately thin with a piece of glass, and then the whole surface covered with a good coating of nitrate of silver; which was accomplished by rubbing the stick of silver carefully over the whole nail, moistened with a little water, after which a linseed-meal poultice (hot) was applied, and the next morning nearly the whole of the nail was separated from the flesh, and another milder application divided it entirely. The nail was then removed without the least pain, and the patient assured me she had not suffered at all, during the whole operation. In less than a fortnight after the operation was completed, the patient wore her usual boots with comfort, and before leaving Brighton a new nail was rapidly growing."—*London Lancet.* †

BUCHU IN GONORRHEA.—Dr. Hancock, an English Surgeon, states, in the *London Lancet* of December, that he has found "from extensive experience, that the buchu is quite as efficacious as the balsam of copaiba; consequently it is preferable, as it does not possess that disagreeable odor so objected to by patients, nor can the friends of the patient be aware, by inspection or smell of the medicine, of the nature of the complaint under which the individual is laboring. I have treated, during the last twelve months, upward of one hundred cases of gonorrhea, by the administration of the infusion, with the greatest success, rarely having recourse to injections, except where the disease has run for some time." †

THE COLLEGE EDIFICE OF THE MEDICAL DEPARTMENT OF THE UNIVERSITY OF LOUISVILLE was lately destroyed by fire. We regret to say the loss of Library, and valuable Cabinet and Preparations was almost complete. The Faculty, however, we learn, with promptness and energy, have arranged to complete the lectures of the course, and the edifice will be rebuilt.

A BUST OF PINEL has just been placed in the French Academy. The ceremony of unveiling was made the occasion of some solemnity.

DR. E. BROWN-SEQUARD is delivering a course of lectures on Physiology, in New York city.

OUR friend, Dr. W. F. Westmoreland, of Atlanta, Ga., whom we met in Paris some three years ago, is again on a visit to that most delightful and attractive city, in search of a cabinet for the Atlanta Medical College, in which he is a Professor. In a letter, dated October 15th, to the *Atlanta Medical Journal*, he gives two or three interesting items. The surgeons and physicians of the various hospitals are trying carbonic acid for its anæsthetic effect, as first recommended by Prof. Simpson. We quote, however, from Dr. W.'s letter:

“ Prof. Simpson's first experiment with this agent, as you are apprised, were in painful affections of the uterus, and with marked success; nor did he find the injection of carbonic acid into the bladder of those suffering from neuralgia or inflammation of that organ, attended with less happy results. At present, in Paris, this agent is not restricted to any organs or class of diseases, but is indiscriminately applied as well to the external surface, if there be an abrasion, as a diseased mucous membrane. As the test of the anæsthetic properties of this gas, the following experiment has frequently been made both here and elsewhere: Apply a blister to the finger or any other portion of the body, after vossication, remove the epidermis, and if exposed to the air, there will be more or less pain; if immersed in oxygen gas, the pain will be greatly increased; but after either, if the denuded surface be exposed to a current of carbonic acid, all pain will instantly cease. This experiment would suggest the importance of this gas in the treatment of burns.

“ Although I have frequently witnessed the application of this gas, both in diseases of the uterus and bladder, yet I have not, but in one case, been able to follow and note the effect. This was in a young man, 24 years of age, in the wards of M. Broca. For two years he has suffered constantly with a chronic inflammation of the bladder. For the past six months he has been in the hospital, and submitted to the most rational treatment without the least amelioration of his sufferings. So sensitive has been his bladder during the whole of his illness, that he has been forced to urinate every half hour, the least distension giving him excessive pain. After the first injection of carbonic acid, there was a marked amelioration of all the symptoms; after the second injection, made twenty-four hours after the first, the amendment was still more perceptible; after the third, the same interval intervening, he was enabled to retain his urine for four hours, something that had not occurred for two years—has less pain than at any time during the attack; complains only of pain in the course of the urethra, the result, I suppose, of the frequent introduction of the catheter.

“ To illustrate further the striking effects of this gas, I have translated the following report from the *Gazette Hebdomadaire* of this week : M. Denise, aged 50 years, entered Hotel Dieu the 26th September, 1856. She has not menstruated for two years, since which time she had an abundant leucorrhœal discharge. Since April last she has suffered greatly with pain in the left iliac region ; the pain has not been constant, but reappeared at short intervals, and with such force that it prevented her occupying one position any length of time, in fact, was so severe that it prevented the possibility of sleep, and greatly affected her appetite. Since the appearance of the pains, she has grown very thin. Upon an examination of her vagina, M. Follin found rather an extensive carcinomatous ulceration of the neck of the uterus. On the 30th of September he injected into the vagina carbonic acid, and from the moment that the gas reached the neck of the uterus, she affirmed that the pain entirely disappeared. After the injection, no treatment whatever was instituted, and still there was no return of pain. The patient was up during the day ; her appetite returned, and it was evident that her general health was improving. On the 8th of October, she said she had suffered to some extent during the night ; another injection was made, since which time she has been entirely free from pain.

“ The apparatus for generating this gas is of the most simple character, and in the reach of every physician ; and as there is not the least danger in its application, all may test its virtues for themselves. The most simple mode of generating and applying it is as follows : Into a common glass bottle, with a large mouth, if convenient, put six drachms of tartaric acid, and a solution of 3i ; Bicarb. Sodæ, to seven ounces of water ; close the bottle with a cork well adapted, through which there passes a tube for conducting the gas from the interior. To make an application to the neck of the uterus, the tube, if elastic, may now be introduced into the vagina. If this is not convenient, or if it is to be thrown into the bladder, attach a hog's bladder to the end of the tube, and after filling it with gas, detach it, and secure a catheter to the mouth of the bladder thus distended, and it may be injected either into the vagina, bladder, or rectum.”

INUNCTION IN SCARLET FEVER.

MESSRS. EDITORS BOSTON MED. AND SURG. JOURNAL,—As scarlet fever is now prevailing in various parts of the country, I desire to call the attention of the profession again to the value of inunction, as it has been termed, in the treatment of this disease, and

for that purpose refer to an article inserted in your Journal of April 24th, 1850. A more extended experience (confirmed, too, by that of many friends in whose judgment I can confide) convinces me that all I said in that article is strictly true. The value of the remedy has, I think, been considerably overstated by Dr. Schneeman himself, but this is no reason why an important *addition* to our therapeutic resources in the management of this dreaded disease should be neglected.

In severe cases I have almost invariably found it to give very great relief, in allaying the excessive heat and itching of the skin, and soothing the great nervous irritability of the patient. The skin should be kept *saturated* with the oleaginous application, and if two daily applications are not sufficient for this purpose, it should be used oftener. I have frequently directed its employment five or six times in twenty-four hours. I do not suppose it at all *essential* that the fat of bacon should always be prescribed, though as it is easy to procure it, it is the article I have generally employed. Some prefer equal parts of mutton tallow and olive oil.

I say nothing on the general treatment of scarlet fever, as the subject has been so often, and so amply discussed. Yours, etc.

Washington, D. C., Dec. 20th, 1856.

H. LINDSLY.

GLYCERINE AND CREOSOTE IN SCARLATINA.

MESS. EDITORS BOSTON MED. AND SURG. JOURNAL,—I would suggest to the profession the use, externally, of glycerine and creosote in scarlatina. I have used these remedies combined, in a number of cases, with much satisfaction.

To one ounce of glycerine I have added two drops of creosote, and with this rubbed over the entire surface of the body, with the exception of the scalp and face, morning and night. Previous to the inunction, the body has been well sponged with warm water.

Greenville, R. I., Dec. 16, 1856.

H. W. KING, M. D.

TAPPED ONE HUNDRED AND FORTY TIMES.—The case of a woman who recently died of dropsy, from which she had suffered for five years, is alluded to in the *Lancet*, Sept. 6. She is said to have been tapped upward of 140 times, and more than 3,000 pounds of water extracted.

THE CINCINNATI MEDICAL OBSERVER.

CONDUCTED BY

DRS. GEO. MENDENHALL, JNO. A. MURPHY, AND E. B. STEVENS.

VOL. II.] MARCH, 1857. [No. 3.

ORIGINAL COMMUNICATIONS.

ART. I.—*On the Declining Relations of the Medical Profession to the Public*, by LOUIS BAUER, M. D., M. R. C. S. E., Fellow of the Pathological and German Medico-Chirurgical Societies of New York ; Corresponding Fellow of the Medical Society of London, and Surgeon of the Orthopædic Institution of Brooklyn.

THE complaints of medical men respecting the declining estimation of our professional calling, are pretty general. It becomes a matter of interest and duty to inquire into their causes. To a great extent they are attributable to the total anarchy of medical practice. Illegitimate intruders are numerous who assume the title of Dr. and the practice of Medicine; for their impositions and absurdities the legitimate profession suffer both directly and indirectly. Popular essays and books on medicine, more particularly those on Homeopathy are destructive in the highest degree of the confidence of the community. For they represent medical science as a collection of names, symptoms and arcana, and leading to the presumption that medical science properly popularized is as easily comprehended and as easily practiced. Fraudulent pretenders do the rest in making the public believe that by intuition, divination and inspiration, they are more efficient and successful in curing diseases than the regular profession, in removing even maladies that have hitherto withstood the most arduous medical exertions. The so-called Eclecticism comes also under this head.

The effects of these species of quackery and deceit calculated upon the ignorant and credulous portion of the community is also limited to the class that leans toward mysticism and the superhuman.

But unfortunately we also observe, that the confidence in our professional efficacy and ability is sadly shaken and lamentably undermined, even in those circles where science and skill are generally appreciated; by men who are competent of judging the value of sound intellectual training and practical knowledge.

If such facts stare in our face, we have verily good reasons to meditate on the causes and to ask whether we do not furnish them ourselves?

He that has had extensive intercourse with his professional brethren in various parts of the globe, whose mind is not biased by self-conceit or professional arrogance, and has paid some attention to the acts of professional men at large, can not hesitate in answering that question in the affirmative.

First and foremost we have to acknowledge the evils if there are any, before we can contemplate and suggest their reform.

Time has wrought a sad change in the professional character. Among the ancient Greeks the practice of medicine was a kind of their practical religion, a religious *cultus* so to speak, and to the goddess Hygiene a temple at Ephesus was devoted. During the middle ages and among Christian communities, the relief of the sick and bed-ridden rested chiefly with the religious and charitable orders; medical practice was one of the means of charity and Samaritanism. This character was still upheld by Henry VIII. of England in the Charter granted to the Royal College of Physicians of London, in not permitting the receipt of fees or remunerations for medical aid rendered.

Since then medical practice has become a free art, and in some countries it has been lowered to a trade. It is no longer governed by a competition of high aspiration and ambition, but by a competition of money-making and lucre, from which comparatively but few exceptions can be recognized.

The sublime object of the healing art is in relieving our fellow-beings from pain and suffering and preserving the precious life of a father, or a mother, or a child, that once formed the link of

unity, honor and character of professional men, has yielded the ground to profane and individual separatism, with money and gratuitous reputation as objects. The mutual support a medical man once received from his professional brother in his doleful and arduous calling is but rarely extended to him now. One tries to displace and to succeed the other in the confidence of his client; ignominious means are resorted to in order to effect so desirable a result. Science is frequently blasphemed for mere personal objects, and no means is thought more appropriate to discredit a professional brother, than slander respecting his personal character.

The former is legal. A difference of opinion or the gratuitous suggestion of another remedy in the absence of a medical attendant may have a better effect in depriving him of the confidence of his client than a malignant attack upon his character, while this is answerable to the laws of the country.

It is not always malicious intent that serves as motive to professional misdemeanor, though it seems to be the prevalent one. Unjustifiable severity against the errors of colleagues may have the same effect upon the public mind. To the committal of errors in diagnosis, prognosis and treatment, every physician is liable, however well informed and highly endowed with acute observation and judgment he may be. The most prominent men of our profession require occasionally, forbearance, despite of all their personal and scientific superiority; how much more practitioners of ordinary capacity! The exposure of an error does not usually limit its effects upon the estimation of an individual practitioner, but reflects generally discredit from which the whole class must suffer. Moreover most errors have passed remedy when they come to the cognizance of a second party, and severity has consequently no feasible presence.

The evils of professional life appertain by no means to one nationality exclusively; they are pretty generally cognizable among all nations. They are the same in Germany without a Code of Ethics as they are with the Code of the Academy of Medicine and the American Medical Association in the United States. The English profession, as far as our observation goes, stands at the head of a dignified and becoming demeanor, though exceptions of the most lamentable nature occur

even in England, as the well-known case of John Gay, Esq., exemplifies.

The next point for consideration is the system of Medical Education adopted in this country. Not supposing that everybody irrespective of his preparatory classical education is admitted unconditionally as student of medicine, the time of medical studies is moreover limited to a period entirely inadequate for efficient medical training, and, in fine, his examination for the diploma is passed before men whose weak points and hobbies he has learned by heart.

If the knowledge of the Latin and Greek languages is no longer considered indispensable for the study of medicine, the intellectual training and the gradual development of judgment, by whatever scientific medium, remains still essential. A young man that has passed part of his life in a mechanical business, requiring but routine and imitation, can not without further intellectual culture be considered efficiently prepared for the difficult studies of medicine, and not be qualified to take upon himself the responsible functions of a physician. Neither is a term of nine months a sufficient time to acquire that extensive knowledge and practical skill indispensably necessary to medical men. In Germany, France and England a triennium is the *shortest* period allowed for medical study, and some of the German States prescribe four and five years. And even this long period, besides the required classical education, with all the educational facilities of German, French and English Universities and schools are not sufficient, in our observation, to secure the maturity of the younger medical generation. How much less is this to be expected from a study of nine months with limited facilities! The laudable attempts made by the American Medical Association to fix a time for the study of medicine more in conformity with the scientific and practical requirements of physicians, have hitherto proved failures, and all attempts will necessarily fail as long as medical education is retained in the hands of private corporations sustaining themselves by competition and concessions. The University of Michigan had it in its power to set the first good example in extending the time for medical study, on account of its perfect independence from the number and fees of students; yet it has not adopted this course. And when it was attempted

by the University of Pennsylvania the students left for easier quarters, so at least Dr. Gibson informed us. And what an examination means, conducted by teachers of Colleges, whose subsistence depends obviously more or less on the number or fees of their audience, may be easily imagined without further comment.

Far be it from us to speak disrespectfully of the labors and scientific exertions of the American profession, or to shake their public confidence, for such an attempt would be suicidal to our own interest. Yet it seems to us as if the scientific accomplishments were more attributable to personal perseverance, talent and diligence, besides foreign medical education, than to the medical institutions of the United States, though we beg for allowance if we are mistaken.

This theme has occasionally turned up between us and enlightened Americans, both professional and non-professional, and as yet we have met with no condemnatory remarks upon our views. The comparative easiness with which medical degrees and scientific license for medical practice may be obtained in this country, has been stigmatized by the public and given rise to the prevalent opinion that no profession would be easier entered upon than the medical, and that it required less qualifications on the part of the student than any other; an opinion that comprises both disrespect and grave error. For we believe that no profession requires a better education, more profound knowledge, practical tact, and skill, more talent and judgment, and more sublime devotion to the objects of humanity than the medical profession; neither is it inferior in its relation to the public welfare.

The adoption of specialities or their repudiation is another subject of moment bearing both upon scientific progress and practical usefulness, thus indirectly affecting our professional relations to the public.

Hitherto this important question has been but superficially discussed, and rather in the way of polemics, thrown overboard without either a fair trial or hearing. Yet, by ignoring that question, we can not get rid of the facts produced by a division of labor over a large part of the world, nor deny the signal progress manufacture, industry and science have received at its hands.

England owes her industrial and commercial supremacy to division of labor, and this very system has already been advantageously resorted to in this country.

Thus far experience has already decided in favor of that system with reference to industry and manufacture, and for us it remains to broach the question as to medical science and practice.

The conditions of the Old World in respect to the legal organization of medical practice are decidedly different from those of the United States. The number and atrocities of quacks in this country, restrained by no law, render the experiment rather hazardous. If, however, the utility and expediency of specialism can be clearly demonstrated, the apprehended abuse loses its force.

The opponents of specialities maintain that nature is both unique and indivisible, consequently medical science should be the same. Correct as this principle is with reference to medical science, yet it does not follow that it is equally correct with reference to the healing art, that is the practical application of medical knowledge upon concrete diseases. Between the two we have to discriminate in order to arrive at proper conclusions. And that much we beg to state at this juncture, that medical specialists of the present day, have never contended for anything else than the subdivision of healing art as a measure of greater scientific advancement and practical efficiency.

In glancing over the extensive ground the various disciplines of medical science occupy, it is at once obvious that their thorough acquisition is, to say the least, the full task of one man's exertion. In order to obtain the required knowledge and to keep up with the steady progress of science, constant repetition and study of periodicals will be needful. The results of this persevering diligence will be theoretical knowledge, which alone does not render a physician practically useful, though it is undoubtedly his foundation.

One may know by heart the organization and constitution of the human body, yet the relation of the organs *in situ* he will understand correctly only by the aid of dissections. A physiologist can not be imagined to be perfect without morephology, the proficiency in both the microscope and chemical analysis. To

become an operator we have to pay profound attention to topographic Anatomy, and devote a good deal of time to operating upon subjects. The practice of midwifery is dependent on preliminary attendance in a lying-in-hospital, the observation of regular and artificial parturition, the constant exercises with instruments upon a phantom, and the use of specula.

No one can be considered a reliable ophthalmologist unless he has acquainted himself with the important use of the ophthalmoscope, without which no correct diagnosis can be made in eye diseases.

Dr. Williams of Cincinnati devoted six months in order to become proficient, and this under the direction of Von Græfe of Berlin, one of our best, if not the most prominent teachers of ophthalmology now living. Those who have acquired great facility in using the stethoscope are of the opinion that much time, diligence, fine hearing and numerous cases of thoracic diseases of different character are required to render the stethoscope a reliable instrument for diagnosis.

And clinics of every description are needful to qualify to observation and discrimination of diseases, in fact to have the practical application of acquired knowledge, though the Professor of Medicine at the University of Michigan has not formed the same estimate of clinical instruction, considering it rather dispensable.

Where, in fine, can a physician become a successful manager of insanity except in a lunatic asylum? This all seems in our estimation to be evident and needs no further comment.

Let us ask now candidly, is one man capable of acquiring all that knowledge and practical proficiency, is he able to qualify himself in every branch with equal profundity and practical dexterity; can he find the leisure of doing so besides his practical pursuits, presuming that he possesses both vigor and rapidity? and again, has he the natural taste for all disciplines in the same degree?

We do not think that any medical man, competent by knowledge and unprejudiced mind, will respond to the question started affirmatively.

We at least could not side with him, having never had a chance of meeting a medical practitioner thus qualified, although our

medical acquaintances are numerous and belong to a class endowed with no ordinary facilities, vigor and diligence. Our experience in this respect has taught us that those who pretend to cultivate all branches of medical science and healing art, acquire in every one some cyclopedic routine and general superficiality, but profundity in none. And certain it is, they never will be able to advance science.

The adoption of specialities suggest themselves by necessity and it is a vain attempt to oppose them on a scientific or practical ground. All that has been accomplished by medical science in modern times has been chiefly accomplished by the adoption of specialities, by the scientific and practical culture of single disciplines, by the concentration of the whole mind upon isolated subjects, and by the accumulation of material and facts unprecedented. What could physiology be without the labors of Valentine, Purkinje, Johannes, Mueller, Stilling, Magendie, Koelliker, Bowman, Marshall Hall; in what condition would we find Pathological Anatomy without Rokitansky, Firchoro, Paget, Cruveilhier, Lebert, Gluge, Henle; and in all disciplines the names of special inquirers have made themselves felt and will retain honorable distinction for all future. Since Laennec invented the stethoscope and since thoracic diseases have become the object of special research, what tremendous changes have been wrought in both diagnosis and treatment, for which we refer to the works of Skoda, Stokes and Traube. By the invention of the ophthalmoscope and the speciality ophthalmology, the pathology of eye diseases has been entirely altered and the treatment has become rational and successful. And to what hight of scientific perfection has orthopedic surgery been elevated by men like Stromeyer, Jules Guerin, Dieffenbach and Langenbeck. Under the special influence of Conolly, Esquirote, Tessen and Braeunlich, the treatment of the insane has become more reconciled with science and humanity, and neither of them would have exposed themselves to the derision of a judicial court and jury, as lately two Professors of New York have done, in assuming a knowledge and practical judgment of a medical subject of which they were evidently ignorant and incompetent. Is the public to be blamed when they prefer the aid of Dr. Braeunlith of Brooklyn, in all cases of

insanity to that of Drs. Willard Parker and Gilman, because he has applied himself to the study and practice of mental diseases especially, and has been at the head of a well frequented lunatic asylum in Saxony, and is, therefore, presumed to be more efficient in treating and correctly judging that class of diseases than the two Professors collectively, however profound their learning otherwise may be.

To those who oppose the necessity and beneficial results of specialities we suggest a visit to Dr. Marion Sim's Institute for Diseases of Women, and they will be satisfied that cures are accomplished therein which allow no comparison, cures of the most loathsome maladies and defects that had hitherto been experimented on vainly, cures formerly exceptions and happy accidents, that have become the rule. Our own humble exertions for the advancement of orthopedic surgery will be entitled to a fair share of results.

The public are too keen in their observation as to the curative results between general practitioners and specialists, and the latter are obviously favored by the community. This experience is made in Europe as well as to a certain degree in this country; it is the necessary result of greater proficiency and the latter naturally decides. With greater proficiency of the medical profession, the public estimation rises; and vice versa, and this is the relation which the question of specialities has to our subject. Specialities must and will become the rule within our ranks, notwithstanding the ferocious attacks upon them, for they grow out of necessity, they rest on a scientific basis, and are a practical expedience. Scientific specialists have never disgraced the ranks of our class, but on the contrary they have diffused honor among them; they refer to science and facts as their justification, and have nothing in common with those fraudulent pretenders who, under the name of specialists, impose upon the credulous and ignorant. Their being confounded and placed on the same level with the Parasites of the profession, the Homeopaths, Hydropaths, etc., is a grave error and a great injustice.

One point more we have in view before we lay our pen aside. During the short period of our practice in this country, no less than four times we were requested to assist ladies in procuring

abortion. Some presented the request in such unconcerned manner as if the refusal was out of the question, and services of this kind were ordinary medical practice. We respectfully declined as Gen. Scott did on another occasion. The presentation of those cases however, filled us rather with surprise and indignation. We had as yet no reason, however, to conclude from four requests of that description that they were frequently made to the profession. Last summer we attended and lost a patient with confirmed pulmonary consumption. About six weeks ago the former errand boy of that lady presented to us for sale a little bottle filled with spirits of wine in which were floating two embryos of respectively six and ten weeks. Her death seemed to be connected with criminal abortion.

Since then we have read and heard a good deal of similar instances and trials in which medical men were implicated, and in a large city of the West, the medical men with whom we happened to come in contact indulged in conversation that led us to the belief, that the procuring of abortion was one of their daily and most lucrative engagements, in which even men occupying honorable distinction in the ranks of the profession, participated.

These are terrible facts, showing at least a part of the profession on the road to crime and destruction; what men of honor and integrity can contemplate them without shame and mortification; to see a profession thus disgracing themselves by acts so appalling for the mere object of gain. And this is a country where the most common laborer can make his living by honest means.

Can we any longer wonder at the declining estimation of professional dignity and character? has not the public a right to think inferiorly of us if we stoop to such dèrnièr and disgraceful acts?

It is verily time that we cast off and discountenance those degenerated members whose character dissolves in vulgar selfishness and criminality, in order to save our professional dignity, and as far as we can, the welfare of the community, even to the application of Celsus' remedy: "*Quod medicina non sanat, ferrum sanat; quod ferrum non sanat, ignis sanat!*"

ART. II.—*A Monograph on Ovarian Tumors; with an extended view of Ovariectomy as a means of cure.* By T. M. TWEED, of Eckmansville, Ohio. (*Continued from page 68.*)

THE SYMPTOMS OF OVARIAN DROPSY.—We may mention in passing, that the term, Ovarian Dropsy, is applied to almost all cystic tumors, whether they arise in the ovary itself or its broad ligament in the omentum, or in the dilatation of the Fallopian tube. They each produce nearly the same symptoms, and, therefore, are only treated separately in the pathological consideration of the subject.

We shall refer the symptoms of this disease to two periods of its progress; the one set occurring while the tumor occupies the pelvis; the other after it has ascended into the abdominal cavity.

The first symptoms usually brought under the notice of the patient, are a deep seated pain in one or both groins, with great uneasiness; a bearing down and sense of weight in the pelvis; and a peculiar fullness in the lower part of the abdomen. More particular inquiry elicits that there is a throbbing pain almost constantly felt in the fundament; that the pain is produced in passing feces; and that there is also a pain and burning sensation just under the hip of the affected side; most usually the limb on that side becomes numb; a partial loss of motion may occur; pricking and shooting pains are felt, and cedema may take place. The veins of the limb become large in some cases, and piles are often complained of, producing occasional hemorrhage. The menstrual flow is usually regular, but may become profuse, and at this time it often contains white exudations. There is, also, pain in the sexual embrace.

The *touch* at this stage of the disease reveals the uterus healthy and in its natural position; but by placing the finger posteriorly, and at the upper portion of the vagina, the patient will complain of pain, and on further examination, a tumefaction will be found. This is more distinctly felt, and the pain is more acute when the examination is made per rectum.

To the fact of an inflamed ovary being felt through the rectum, and that without difficulty, my own experience abundantly testifies; although this point has been disputed by an eminent Professor of Obstetrics. I have carefully watched the changes

that have occurred during the progress and cure of these inflammations, and have distinctly traced the increase and decrease of the diseased organ through the rectum.

Constipation is a most frequent symptom. The pressure of the enlarged ovary on the rectum, and the fear of pain in defecation, soon produce accumulation of feces, which causes distention of the abdomen, not so much, however, from the quantity of fecal matter retained, as the flatulency produced; so that in the early stages of the disease, a large and flatulent abdomen is usually present, and the patient always complains of distention. The functions of the bladder become interfered with; there is frequent desire to make water, and sometimes inability to pass it.

At the commencement of the disease, constitutional symptoms often arise which simulate those of pregnancy. The stomach frequently becomes affected in the morning; there is occasional syncope; the breasts become painful, and it is said that the one on the affected side is more so than the other. These symptoms are all worse at the menstrual period, which in the majority of cases, is but little disturbed, and until the latter stages, is regular, unless the cause of the disease arises from its suppression. At this time a tumor can be felt bulging into the vagina, most usually situated between it and the rectum.

When the tumor rises into the abdomen most of the symptoms we have referred to are alleviated, but others succeed. When the tumor is in the pelvis, it may remain stationary and give little or no trouble to the patient, and is only ascertained when it presents an obstacle to parturition. But, however, it most usually continues, sometimes gradually, at others, very rapidly to increase, and the symptoms at this period are mostly referable to pressure. The bladder now suffers most; its cavity is drawn up, reduced, and unable to distend, so that there is frequent desire to pass water, while small quantities only are ejected. If the tumor occupies the entire abdominal cavity, suppression of urine may result from the pressure of the cyst upon the kidneys. Diuretics fail to increase the quantity of urine, while paracentesis may produce an instantaneous flow, with great relief to the patient. This fact is well illustrated by the case given by Burns of Madame de Rosney, 'who in the space of four years, was tapped twenty-eight times:

for seven days after each puncture she made water freely, and in sufficient quantity, the appetite was good and all the functions well performed; but in proportion as the tumor increased, the urine in spite of diuretics, diminished, and at last came away only in drops."

When the tumor first occupies the abdominal cavity, there is great tympanitis, so much so as to obscure frequently the disease. We are unable to feel the tumor, and fluctuation can not be perceived; but it gradually increases, displaces the flatulent intestines, and occupies the greater part of the anterior portion of the cavity of the abdomen, causing pressure upon all its organs, and especially upon the stomach, giving rise to frequent sickness after taking food. Edema occurs in the lower extremities, from pressure of the veins of the abdomen; dyspnea comes on from its encroachment on the diaphragm, and the patient gradually sinks from exhaustion.

On examining the abdomen we find a circumscribed tumor in one or both groins, movable under the integuments, not very painful on pressure, and traceable into the pelvis. There may or may not be sensible fluctuation. As the tumor increases it rises above the intestines and stretches the walls of the abdomen, which have a tense and shining appearance, with enlarged veins on the surface. When the patient is lying on her back, the tumor is more apparent on one side than the other. The abdomen, however, retains its prominent shape, is not flattened at its most salient point, and this appearance does not vary whatever position the patient may assume. The tumor may extend upward to such a degree as to nearly dislocate the ensiform cartilage.

Fluctuation is frequently observed distinctly throughout the whole tumor, which indicates that the fluid is contained in one cavity; while sometimes there are only partial fluctuations, bringing us to the conclusion that it is contained in many. This has been repeatedly observed after death. In a cyst containing two or more cavities, we are unable to recognize fluctuation when the septum intervenes, although it is quite distinct in the individual sacs.

Again, fluctuation may not be perceived so distinctly when any portion of a solid mass intervenes between the fluid and the hand. The mode of testing the presence of solid matter in any

portion of the cyst, is to place the hand on one side of the tumor and tap it smartly with the other at a point directly opposite, noting the force of the fluctuation; the operation is then to be reversed, and if the fluctuation is equally distinct in both operations we may say that there is no solid matter between those points; but if it is less distinct or distant in one case than in the other, the solid matter does exist.

One may be much deceived by the character of the fluctuation, and it becomes a matter of great tact to draw any inference from it. In the first place, a cyst may exist when the fluctuation is very distinct in parts, extending to the circumference of the tumor, and yet it may be composed of numerous small cysts. A case of this kind was seen by many medical men well conversant with the disease, who decided that there was a very large cyst containing solid matter at various points of its inner surface, but the distinct fluctuation was so marked that they supposed the original cyst to be a very large one. This patient submitted to extirpation, and it was found that the whole tumor was composed of an immense number of cysts, and nearly all were filled with a thick fluid. Another case is recorded in which fluctuation was so distinct that all who examined it, decided that it was unilocular in character. She was tapped but the operator was obliged to desist, for no fluid escaped, though a large trocar was used. She died, and the tumor was found to be composed of a number of cells filled with a thick and glairy mucus.

Movements in the abdomen are frequently felt by patients laboring under encysted dropsy. These sensations are variously described, some observe only a beating in the abdomen, others perceive motions like those of a child; but they are all greatly influenced by the mind, and become more frequent the more the attention is directed to them. They usually depend upon the pulsations of the aorta on the distended cyst.

Percussion gives good evidence in ovarian dropsy. There is always dullness from the pubis upward to the circumference of the tumor. This is caused by the mass being placed before the intestines, so that their resonant sound can not be elicited through it; but if you apply the same means of diagnosis posteriorly in the lumbar regions when the patient is lying on her back, or

even around the circumference of the tumor, you obtain a resonant sound; because the intestines occupy those spaces. This is one of the chief distinguishing marks between this disease and ascites; for in the latter when the patient is lying on her back, the fluid gravitates posteriorly, and therefore yields a dull sound in the lumbar regions, and as the intestines are free, they float on the surface of the fluid, and give a resonance anteriorly. On placing the hand gently on the abdomen and carefully moving the parietes on the tumor, we may sometimes feel a crepitus, or a sensation like that produced by the creaking of leather. This is perceived generally where adhesions exist between the tumor and walls of the abdomen, they being long enough to allow of partial motion. But adhesions often exist, where no crepitus can be felt. This physical sign was first pointed out by Dr. Bright, who described a case in which it occurred in Guy's Hospital Reports.

The tumor itself is not always found to be smooth in all parts, but frequently portions project and feel hard and solid to the hand, and if firm pressure be used in different parts, hard portions can be ascertained to exist although they do not project. "In this way, if the abdomen be not very tense," says Dr. Bright, "we discover considerable masses of unyielding matter partaking of the general rounded feel of the whole disease, but conveying the impression of more or less flattened spherical bodies attached to the inside of the fluctuating tumor; and these bodies are sometimes so large and so variously placed as to suggest to the unexperienced observer, that the liver, spleen, or the kidneys are enlarged or in some way involved in the disease.

One of the most ludicrous if not serious errors in the diagnosis of this disease which its whole history affords, occurred in the State of Ohio, not many years since. A surgeon of high attainments, extirpated from the side of a woman what he pronounced to be the *Liver*. The Doctor and his colleagues who witnessed the operation, believed it to be so, and published it to the world as one of the most remarkable achievements in surgery! The woman died shortly after, and a *post mortem* examination revealed the fact that there was a healthy and perfect liver still in the

abdomen ; and the discovery was thus made, that instead of a Liver, they had removed a tumor somewhat resembling that organ ; in all probability an ovarian diseased mass.

We frequently find that the vagina is much elongated, giving a funnel-shaped character to the cavity ; the os uteri is displaced, usually drawn upward to the side affected, and as it were, twisted upon itself. The uterus is found to be movable and light, and unconnected with the surrounding structures. It can be thrown upon the rectum by the uterine sound ; and if the tumor be free, it can be elevated above the pubis. Sometimes, however, the uterus is so pressed between the tumor and the pubis, that it becomes fixed so that it can not be moved, and appears connected with the tumor.

The ovarian tumor may project upon the vagina and press together its walls so that it is almost impossible to introduce the finger, or find the os uteri. In one case of this sort which came under our observation, the os uteri was carried quite above the pubis, and with the utmost difficulty could be reached. In some cases the uterus lies across the vagina with its fundus on the rectum and below the sac, so that the finger immediately as it enters the os externum, touches the posterior wall of the uterus. These malpositions can be distinctly ascertained by the uterine sound.

THE DIAGNOSIS OF OVARIAN CYSTIC TUMORS.—In no disease is a correct diagnosis of such vital importance as in ovarian dropsy ; upon it depends the chance of cure, or the entire abandonment of the patient. Its *difficulty* only equals its *importance* ; and to prove this assertion, it is only necessary to refer to the *six* patients who have already submitted to the abdominal section, without saying more of the woman who had her *liver* extirpated—although it proved to to be a mistake !

We shall, therefore, so far as our limited opportunities for observation will justify, lay down the diagnostic character of this disease, and point out certain signs whereby it may be distinguished from other abdominal enlargements.

I. When the disease is situated in the pelvis, and before it rises into the cavity of the abdomen, it may be confounded with malpositions of the uterus, viz : retroversion and retroflexion.

1. The ovary is generally felt in the first stage of the disease, between the rectum and the vagina: in some cases fluctuation may be observed, but in others, the symptoms are more obscure, and may be mistaken for *retroversion* of the womb. When we examine a patient laboring under the first stage of ovarian dropsy, we find a circumscribed tumor at the posterior portion of the vagina, between that canal and the rectum, painful on pressure, and very much resembling the fundus of the uterus; there may be retention of urine and constipation; the os uteri will be found in its proper position, looking backward, the body of the uterus forward, and movable, as indicated by the uterine sound. The local symptoms are much less severe than if actual retroversion had occurred. In retroversion, the os uteri is thrown forcibly forward and upward, and the womb is fixed and very painful.

2. *Retroflexion* of the womb is more likely to be mistaken for cystic dropsy. This is a malposition in which the fundus uteri alone is thrown back upon itself like a common retort, the os being in its natural position, with a tumor directly behind it, between the vagina and rectum. This is the body of the uterus. In such a case, by careful manipulation, the fundus can be restored to its proper position, and the tumor consequently disappears. This will not occur if it be an ovarian tumor.

II. When the tumor occupies the abdomen, it is to be distinguished—

1. *From Ascites*. In ovarian dropsy we find the patient generally in good health, complaining of nothing but the distention of the abdomen, which she states has been gradually increasing, and had its origin in one or both inguinal regions. The abdomen has a tense appearance, and a circumscribed fullness can be perceived. Sometimes, however, the tumor occupies and distends the abdomen to such an extent that this characteristic is not distinguishable. The abdomen is more prominent at one side than the other, and the veins are very much distended. When the stethoscope is applied, no borborigmi are heard, or at least they are heard very indistinctly, while percussion elicits a dull sound anteriorly. But at the upper portion of the tumor, and in the lumbar regions, the clear sound of the intestines is found. Fluc-

tuation is often distinct, but sometimes obscure; more distinct in some parts than others, and is not observed in the lumbar regions.

The dullness on percussion, and fluctuation, are always present *in the same part of the abdomen*, whatever position the patient may assume. They are both found anteriorly. The tumor is usually smooth on its surface, but occasionally irregularities are observed at different points of the abdomen, which appear like projections. These may be so large as to be mistaken for enlargements of the viscera, when in their position; but a careful examination will distinguish these prominences as parts of the cyst. The vagina has a funnel-shaped character, and is usually elongated; the os uteri is tilted to the side affected; but sometimes the tumor bulges into this canal, and fluctuation can be felt there.

On the contrary, in *ascites*, the patient has generally a diseased aspect; the abdomen is not tense, and its greatest distention is below, when in the erect posture; on lying down it becomes flattened, change of posture producing change of form. *Borborigmi* can be distinctly heard with stethoscope; and when in the supine position, anteriorly percussion elicits a clear resonant sound, which is the result of the intestines floating upon the fluid contained in the cavity. There is dullness in the lumbar regions from the fluid descending to these parts. In the erect posture fluctuation is most distinct anteriorly; in the supine, in the lumbar regions; œdematous effusions are found in other parts of the body, as in the legs; and the veins of the abdomen do not attain so large a size as in ovarian dropsy.

Thus, then,—from the fixed character of an ovarian tumor—from dullness on percussion, anteriorly, not being changed by change of posture—from the resonance in the lumbar regions being constant, and from the tension of the abdominal walls being invariable—we can distinguish cystic dropsy from ascites.

When, however, ascites is present with an ovarian tumor, as frequently happens, the signs of the two diseases become blended. In that case, *slight* percussion produces a superficial fluctuation, seen to the eye, and apparently very near the surface; but if the fingers be suddenly applied to the abdominal walls, they come at

once in contact with a hard substance, which evidently gives a fluctuation entirely distinct from the former.

2. *From Pregnancy.* Ovarian dropsy may be accompanied by many of the symptoms of pregnancy. The breasts may become enlarged, and a thin secretion take place; they may become tense and painful, more particularly the one on the affected side. Movements are, also, frequently observed in the abdomen resembling those of a fetus, and the patient may consider herself pregnant. But ovarian dropsy may be distinguished from this natural state by the disease commencing on one side; by the regularity of the menstrual function; by the absence of the areola and follicles of the nipples; and by the *Touch*, which reveals the uterus small, movable, and of its natural form. No ballottement can be perceived, and the os and cervix are of their natural form and consistency. The *bruit* of the enlarged vessels of an ovarian tumor, has been mistaken for the placental murmur, but there is no fetal pulsation. We should recollect, however, that pregnancy may co-exist with ovarian dropsy, and materially obscure the diagnosis. Many women have conceived and borne children during the progress of this disease. The tumid state of the nipple—the areola and follicles—the suppression of the catamenia, the changes which take place in the os and cervix uteri—reveal the presence of pregnancy during the first months; at a later period, the placental murmur and the pulsation of the fetal heart, will dispel all doubts.

3. *From other Cystic Tumors.* It is exceedingly difficult to distinguish these tumors from ovarian dropsy; they assume all the characteristics of the latter disease. We may be assisted when they are small, and if we ascertain their seat of origin; but when large it is impossible to distinguish them by the ordinary means of diagnosis. The uterine sound is the only instrument by which we can distinguish ovarian cysts from other cysts of the abdomen, and this not by positive information, but by negative signs.

“I have found,” says Dr. Simpson (London and Edinburg Monthly Journal, for July, 1843), “advantage from the negative information given by the bougie, even when the tumor was ab-

dominal in its seat. An example will best illustrate my meaning. In a case sent to Edinburg a few months ago, for the purpose of having some opinion given in regard to its nature, an immense abdominal swelling that was present, and which had been supposed by some medical gentlemen who had seen the patient, to be ovarian, was shown not to be so by sufficient evidence of the following nature. The uterus was displaced obliquely backwards, and the fundus of the bladder was displaced to the right iliac region by the abdominal enlargement, circumstances which were easily ascertained by introducing the uterine sound into the cavities of both these organs. Further, the uterus, although displaced, was quite movable, and when its fundus was turned by the bougie toward the site of either ovary, and the abdominal tumor lifted up as high as possible toward the epigastrium, no obstruction was met with: nor was this great change upward in the direction of the tumor found to produce any dragging effects upon the uterus, as held by the bougie or its connections; effects which, unless under the improbable supposition of a pedicle several inches long, would have inevitably occurred if the diseased mass had originated on, or was connected with, the ovaries or uterine appendages. So far the evidence was negative, but so far important. I may add that other characters of a more positive nature—the history, the particular form and consistence of the tumor, its position in point of the substance as ascertained by percussion, etc., seemed to show, seeing that it was not ovarian, it to be in all probability one of those hydatigenous tumors that sometimes form in the tissue of the omentum, and whose physical symptoms during life, in many respects correspond with those of ovarian dropsy.

4. *From Tumors of the Uterus.* These, when they assume the pedunculated form, are very likely to be mistaken for the disease under consideration. Uterine tumors have been removed under the impression that they were ovarian, by Messrs. Heath, Otter, Atlee, and others. A distinguishing sign of these growths is the increased weight of the uterus. If we find that the uterine sound passes, as it were, into the morbid mass—if the tumor and uterus can not be separated—and if every elevation and depres-

sion of the tumor corresponds with the movements of the sound, we may then conclude that the tumor is uterine. But if we find the uterus small and movable, and the sound passes anteriorly to the tumor—if the uterus can be separated from the tumor, and thrown upon the rectum, then we may very confidently state that the growth is not uterine in its character.

5. *From a Distended Bladder.* This is not a frequent but an occasional mistake, produced by want of care in the examination. The true state of the case can be readily ascertained by simply introducing a catheter into the bladder—an operation which ought always to be performed before any other is commenced in the organs of the female pelvis. The uterus sometimes, though rarely, is distended with fluid, and may also be mistaken for cystic dropsy. When, however, it is distended to any extent, its tissue is developed as in pregnancy, the cervix disappears, and on percussion of the abdominal parietes, fluctuation can be perceived by the finger in the vagina.

6. *From Carcinomatous and Fibrous Tumors.* In the early stages, ovarian dropsy assumes the hardness of the carcinomatous tumor of this organ; but the latter more rapidly effects the health of the patient. Such tumors are heavier, the surface is much more lobulated, and there is no fluctuation; their progress is very rapid, but they never acquire the size of ovarian cysts.

Again, ovarian dropsy may be mistaken for fibrous tumor. This error of diagnosis may occur in the multilocular variety, complicated with solid matter. A case in point came under the notice of Dr. T. S. Lee. “A patient,” says Dr. Lee, “presented herself with an abdominal swelling on the right side, hard and without fluctuation, not at all movable, but it could be traced down into the pelvis; it had been a considerable time in its formation, but it now began to increase. The examination per vaginam, discovered that the brim of the pelvis was occupied by a solid tumor; a small nodule was felt rather in front of the centre of the pelvic cavity, in which was the os uteri. The sound passed upward and forward nearly four inches; it moved with difficulty, as through a cavity, the sides of which were much compressed. This exam-

ination was made in December. Here then you have every characteristic of a fibrous tumor in the posterior walls of the uterus. The cavity is elongated, the uterus is fixed by the brim of the pelvis, and the tumor in the abdomen is hard and smooth, possessing no fluctuation. The tumor now rapidly increased, and in the January following had occupied the whole cavity of the abdomen. There was then distinct fluctuation in particular parts, and this fact disclosed the real nature of the case, viz: that it was a multilocular cyst, complicated with much solid matter." This is an interesting case, and deserves attentive study.

7. *From accumulation of air in the intestines.* Many instances are on record in which flatulency of the intestines has been mistaken for ovarian disease. We have the history of at least six patients, who have submitted to ovariectomy, and no tumor was found, but the uterus and its appendages were healthy. But gaseous distention of the intestines very often strongly resembles an abdominal tumor. Dr. Buckner, in a note to a manuscript lecture, observes: "I have been consulted recently by a patient in this city, who supposed, and had been told by her attending physicians, that she labored under ovarian disease. She had formerly been pronounced pregnant. The abdomen was very much distended, almost to the size of the full period of gestation; and her gait was that of a pregnant woman. On examination, however, the uterus was found to be healthy, and the abdomen greatly tympanitic. This tympanitis has entirely disappeared, and the patient, under the use of brisk purgatives, is now as small as ever she was."

The resonance on percussion is an infallible diagnostic sign of this disease; but sometimes a peculiarity arises, and must be guarded against; and that is that the ovarian cyst itself may be tympanitic from its adhesion and subsequent communication with the intestines, the air of the latter passing freely into the cavity of the former; but before this takes place, sufficient time is afforded to discover the nature of the original disease.

8. *From the enlargement of the viscera of the abdomen.* The hardened masses frequently found in multilocular cysts, have been mistaken for the diseases and enlargement of various organs of

the body, as the Liver, Spleen, Omentum, Mesentery, etc. But when the viscera are enlarged, the general health suffers materially; and the enlargement commences from above, passing downward. The irregularities of an ovarian cyst are only to be found some considerable time after the disease commences; while morbid enlargements of the viscera can be detected from the beginning.



Art. III.—*Injury of the knee joint with caries, and removal of the lower portion of the femur*, By A. T. PALMER, Brooklyn, Ohio.

THE following case is not reported to advance anything new in the Pathology of disease, but to exhibit the *vis medicatrix naturæ* or the curative principle inherent in the animal economy, as well as the care the physician should exercise in his prognosis when the alternative is the knife.

March, 1850, I was called to see a son of Mr. C., aged eight years, laboring under a severe inflammation and suppuration of the knee joint. The inflammation had commenced about three weeks prior to my visiting him, and was induced by a slight injury received while wading in a small stream of water. The case had been treated as a rheumatic trouble. I found the irritation and pain so severe as to prevent any direct examination unless under the influence of ether, which was accordingly administered. An incision was made on the outer and upper portion of the joint, whereupon was discharged twelve ounces of bloody serum and pus: the lower portion of the femur was found carious, and the articulation destroyed. Amputation was decided upon as the only hope of the patient; and I appointed a day when, with the proposed assistance of Prof. Ackley, the operation should be performed. At the appointed time we found the family and friends decidedly averse to the operation. Ether was administered and the joint again thoroughly examined; we found the same carious condition of the bones at the articulation, the abscess extending in the region of the bone toward the hip. We cut o

two and a half inches of the lower portion of the femur, easily removing it from its remaining ligamentous attachments. The knee being a little elevated we made an incision in the upper third and posterior portion of the thigh to give exit to the pus accumulated around the bone. Simple dressings were applied. Wine, bark, and opium were given according to indications. He remained with very little improvement until the fore part of June, when he began to improve rapidly, and has continued in good health ever since. The injured limb is now one and three-fourths inches shorter than the other; the knee is as flexible as the sound limb, and nearly or quite as strong. It is also proper to remark that the patella was not disturbed and its upper and lower ligaments were uninjured. The employment of this young man is farming; he walks on the toes of the shortened limb, and can run a race with any boy of his acquaintance.

ART. IV.—*Observations upon the Causes Determining the Sex of Children at Birth; being an Extract from the forthcoming Fourth Annual Report of Marriages and Births in Kentucky.* By W. L. SUTTON, of Georgetown Kentucky.

IN the second and third reports, we spoke of certain opinions of Villerme, of Paris, and Emerson, of Philadelphia, as to the causes determining the proportion of males and females at birth. They believe that excessive heat, the existence of grave epidemics, famine, over-working, illegitimacy, in short whatever tends to depress the physical and moral powers, tends to reduce the male excess, or may even cause a temporary excess of females. Without admitting that these causes were all-controlling, we signified our belief that they exerted considerable influence in producing the result. Another theory has been advanced by Dr. Josiah Curtis, of Boston. This theory we will give in Dr. C.'s own words:

“We venture to offer the following [conclusions], (subject to correction), which we fully believe will be substantiated by a greater bulk of facts in the future, than we have at the present day.

“1. During the fecundating period of life, the number of the sexes is very nearly equal, much nearer than at an earlier or later period.

“2. First marriages produce more male than female offspring; but second, or subsequent marriages, especially of females, produce more female than male births.

“As a corollary to the above, we may add that the sexes are much nearer equally divided in children born out of wedlock; still, in most countries where such births are of comparatively common occurrence, there is a small excess of males; but in Massachusetts, all facts hitherto given, show an excess of females among illegitimate births.

“3. The proportion of the sexes in children varies according to the relative ages of the parents; thus males preponderate where the father is older than the mother, and the females are in excess when the mother is older than the father; and the ratio of excess of either sex in births follow very accurately the number of years that the age of the parent of the same sex exceeds that of the other parent.

“4. Finally, the excess of either sex in the offspring not only corresponds to the excess of the age of parent of the same sex, but also corresponds very accurately to the mortality that would take place in a period equal in duration to the interval between the ages of the parents; preserving thereby the balance of the sexes at the age of nubility—the period from which we started.”

With respect to the first proposition or “conclusion,” the equality of the sexes during the fruitful period, it must be taken with some degree of allowance. It may be true of old countries, but certainly is not so universally. But even in older countries the proposition may be examined. Very much will depend upon where we fix the point of *nubility*. If at twenty years, then the census of Massachusetts shows between twenty and fifty, 101.31 females to 100 males, and below twenty the proportion of 102.24 females to 100 males, thus showing a slightly nearer equality (in appearance) between the sexes during fecundating period. But if we fix the period of nubility at fifteen, then the proportion for the fruitful period will be 104.01 females to 100 males, against 98.38 females to 100 males below fifteen. But there is another point in the census which is worthy of notice. This is the very remarkable excess of females between fifteen and twenty years, being in Massachusetts no less than 7,176, or 114.70 females to 100 males. It would be right to say that the next decade gives

also a decided female excess, (106.46 to 100 males). This is somewhat remarkable, because up to the fourth quinquennial period (15 to 20) there is an excess of males, and as soon as the second decade is passed the male excess is resumed in the proportion of 96.49 females to 100 males. It seems to us that a part of the excess must be accounted for by supposing that females have a disposition to report themselves younger than the facts warrant. The disposition to cleave to the "teens" is notorious. We therefore doubt that if a due proportion of these tardy "teens" were transferred to the second decade, whether the balance of sexes would not be as equal before the period of nubility (where ever it may be placed) as during the fecundating period. But if we leave Massachusetts and the older States and come to Kentucky, we have a state of things materially different. Here we have the excess transferred to the males from the first year up to the fiftieth, with the single exception of this suspicious period, "15 to 20," when we have a female excess of 101.64 to 100 males, and the equality claimed for the fecundating period entirely disappears; there being 103.11 males to 100 females below twenty, and 111.17 males to 100 females during the fecundating period.

To the second and third conclusions, viz: that first marriages and seniority on the part of the father determine an excess of males; it is difficult to respond affirmatively or negatively. That commonly there is a male excess is true. It is true again that a very large proportion of marriages furnished by our registration reports are first marriages of both parties. Thus of 5,592 marriages returned last year, 4,394 were first marriages of both parties. For 279 the condition of parties are not stated. For 719 it was the first marriage to one of the parties, leaving but 200 couple, all of whom had been previously married. It is again true that in a very large proportion of cases the husband is older than the wife. These facts are true, and yet there may be no necessary connection between them or any two of them. Hence, when it is enunciated in the third conclusion, "and the ratio of excess of either sex in births follows very accurately the number of years that the age of the parent of the same sex exceeds that of the other sex," we can not doubt that the language

is too strong. It is very true that "one swallow does not make summer," and that no principle is to be settled by a few observations made in one location or by a single individual. Yet there are many very notable departures from, not only one of the above conclusions, but from a combination of both. Thus the husband was materially, (from 20 to 33 years) older than the wife (a first marriage), and yet the offspring were one male and four females, two males and five females—three females and no male, etc. Where there is a very marked disparity in the husband's age in this community, the above results are fully as often observed as the reverse.

There is one other consideration, when these alliances are once contracted they remain so until the death of one the parties. They do not vary with months and years.

Neither do we see the connection between the second conclusion and the corollary deduced, viz: that there should be a small male excess in illegitimate births. If the father and mother are unmarried they ought to follow the rules of first marriages. If, as perhaps is most frequently the case, both the name, age, and condition of the father is unknown, then we have no means of classing them. But Villermé and Emerson give illegitimacy as one of the principles going to determine the diminished male excess. Of the truth of this the records of Massachusetts as well as other countries bear witness.

Prof. Tucker has proposed another explanation for the excess of males at birth, by supposing that their greater vigor enables them to withstand the perils of birth. This is at once disproved by the experience of the medical profession, as well as the records of births; all of which show that among the still-born a large excess is male. Without undertaking to settle the point between the hypotheses of Villermé and Emerson, and that of Curtis, we may be permitted to collate the results of our own records for four years. This will be one step toward a correct theory of a very important feature in our social relations.

We give below a table showing the monthly number of male and female births; the excess of males over females; and the percentage of males to females as determined by the present report; and also the same facts for three years, 1852-4 in Kentucky.

FOR 1855.

FOR THREE YEARS, 1852—4

Month of Birth.	Whole Number.	Males.	Females.	Male Excess.	Males to 100 Females.	Whole Number.	Males.	Females.	Male Excess.	Males to 100 Females.
January....	1,769	932	837	95	111.35	5,638	2,971	2,640	321	112.64
February...	1,934	996	938	58	106.18	5,891	3,107	2,769	348	102.62
March.....	2,243	1,160	1,083	77	107.11	6,517	3,484	3,014	470	115.59
April.....	1,900	1,000	900	100	111.11	6,111	3,275	2,930	345	111.77
May.....	1,686	817	869	52	94.02	6,174	3,121	3,045	76	102.49
June.....	1,710	874	836	38	104.53	5,896	3,006	2,872	127	104.66
July.....	1,887	1,000	887	113	112.77	6,044	3,166	2,807	299	110.43
August....	2,279	1,183	1,096	87	107.94	6,657	3,525	3,121	404	112.98
September.	2,499	1,307	1,192	115	109.63	6,911	3,595	3,302	292	108.57
October....	2,426	1,261	1,165	96	108.24	6,888	3,641	3,247	404	112.48
November..	2,294	1,202	1,092	100	110.07	6,830	3,614	3,194	420	113.15
December..	2,611	1,367	1,244	123	109.88	8,369	4,427	3,928	499	112.70
Total.....	25,238	13,099	12,139	960	107.74	77,919	40,932	36,909	4,016	110.85

In connection with the above table we will state that during the month of June, 1854, the weather became dry and extremely hot. The effect of this was that the crop of Indian corn, which constitutes a very large item in the food of both man and beast in Kentucky, was almost annihilated. Add to this that our farmers had a large stock of horses, mules, and cattle on hand. A scarcity of breadstuffs ensued, never before heard of in Kentucky. Committees were organized to procure breadstuffs from the adjacent States to supply the poor. And although there was no such famine as sometimes occurs in other and older countries, yet there was in many sections, considerable privation and suffering. There was no unusual epidemics or much sickness in the State; indeed good health prevailed; and we may note that in Georgetown at least, the barometer remained almost unchanged at 29.55 inches for two months or more during the hot, dry period.

We had thought that if the hypotheses of Villermé and Emerson were correct, some effects would be perceptible in the proportion of the sexes born in 1855, and the result was awaited

with considerable interest. Perhaps it may be thought that this report does countenance the hypothesis. There is certainly a marked diminution in the male excess; but that diminution appears from the beginning of the year, and before the disturbance of '54 could be manifested, and in as great a degree as afterward. We could not expect the conceptions to be much modified before the hot weather had continued some month or two. Here we may be met with the fact that in May, 1855, the females gave an excess of about 2 per cent., being the second time a female excess has appeared in any month since our report commenced; the other time was also in May, 1853; now the conceptions for the May births took place in August, some six weeks or two months after the commencement of the hot weather. In looking at the table showing the proportion of the sexes for three years, we see there is a very marked diminution of the male excess for the whole period, viz: only 76 in number and 2.49 per cent. in proportion. And if we add the present year's result, the excess is reduced to 24 in number, and 100.61 males to 100 females in proportion. It thus appears that there is a very marked average reduction of males in May. Here, again, a principle of Villerme and Emerson comes in play, viz: the great proportional mortality of August. This has been the month of the greatest mortality every year. In our first report the excess of males was less in June and in April than in May. The corresponding months, September and July, have constantly stood next to August in mortality; but what their relations to August were in 1851 we have no means of knowing.

Although there is something in these tables to support the views of Villerme and Emerson, yet there is not so close a relationship as to show the connection to be inseparable; thus for the year 1855 July gives the greatest proportion of males, and for the years 1852-4 an average proportion; but the corresponding month, October, has uniformly been the fourth in mortality. Upon the whole, then, we think it best to keep our eyes upon the facts bearing upon this subject, and suspend the judgment until we have more evidence.

MEDICAL SOCIETIES.

PORTLAND, IND., January 5, 1857.

THE Jay County Medical Society met pursuant to notice, and was called to order by the President.

The Secretary being absent, Dr. C. L. ARTHUR was chosen Secretary *pro tem*.

The minutes of the last meeting were read and approved.

Dr. W. R. Hambleton furnished an article on the use of nitras argenti in leucorrhea and menorrhagia.

He reported an interesting case of leuco-menorrhagia, treated successfully by this remedy, after all ordinary remedies had failed. He gives it in doses of one-third to one-half grain, made into pills with extract of gentian, three times daily. Has used it in many cases with entire satisfaction. Thinks from its promptness of action that its virtues depend upon its astringent more than its tonic effects. He had also used it in one case of excessive lochia, with the desired result. He strongly recommended it to the attention of the profession generally, and wished them to give it a fair trial, to see whether his confidence in it had been misplaced or not.

Dr. B. B. Snow reported a case where he was in attendance at the accouchement of a lady, and when, after the delivery, and the umbilical cord had been ligated and separated, and he was in the act of handing the infant to the nurse, he discovered a rupture making its appearance at the umbilicus, which in a few moments was sufficiently large to permit the escape of nearly the entire contents of the abdomen, and the intestines were disposed to pass out, notwithstanding all the resistance that could be offered. All attempts at reduction were futile, and the infant was dressed with a cup-shaped bandage, so applied as to permit the intestines to protrude within the cup, which was lined with oil silk. The child became fretful and quite frail in a few days, but in the space of one or two weeks began to improve; the integuments began to extend over the protruding parts, and the parts themselves appeared to recede within the abdominal cavity. She recovered entirely, but has now inguinal hernia.

Dr. C. L. Arthur reported a case of remitting fever that terminated fatally, after becoming complicated with some anomalous affection resembling neuralgia in some of its features. The case was a female, aged forty-seven years, who had been suffering from menstrual irregularity for some time previous to her last illness.

Dr. B. B. Snow, chairman of the committee, furnished a very explicit and elaborate report on the history of diseases and the practice of medicine in Jay county.

Dr. I. Marcus reported verbally on the use of salacine in continued or typhoid fever. He recommended it very strongly as a *sustainer* in such cases. Of forty-three cases in which he has used it, but one proved fatal. He administered it to the quantity of eighteen grains every twenty-four hours, but not to the exclusion of other remedies.

Dr. B. B. Snow was re-elected President. Dr. C. L. Arthur was elected Secretary; Dr. I. Watson was re-elected Treasurer; and Dr. D. S. Stanton was elected Lecturer for the next meeting.

On motion, the society adjourned to meet in Portland on the first Saturday in April next, at ten o'clock A. M.

C. L. ARTHUR, Secretary.

CORRESPONDENCE.

MT. CARMEL, KY., January 12, 1857.

EDITORS MEDICAL OBSERVER—I have examined *The Cincinnati Medical Observer*, and am well pleased with it. The spirit and feature of *The Observer* is just what our age in medicine requires, and it is hoped that your endeavors to inculcate *correct principles*, and choke out the spirit of *quackery*, may be crowned with the happy result—its accomplishment. Nothing good has ever presented itself to the world without meeting the most violent opposition and persecution; and we should not be disappointed if, in the bold stand which you have taken in defense of the medical profession, and *correct principles*, you should share

the same or a similar fate. But "be not weary in well doing," is an adage no less important than it is ancient, and it by perseverance and industry the profession of medicine and the members thereof, as well as a susceptible and very credulous public, can be defended and protected against "humbugs" and charlatanism, even to the extent of saving one human being from the clutches of these ruthless marauders of the purse and of the human system, we may well say a good work has been done. For it seems as though the talons of *quackery* have taken such fast hold on the minds of many (of whom we would think otherwise), that the indefatigable and undying energy of the aspiring medical student, and the conscientious medical practitioner, is almost ready to succumb to the deception and "humbug" of the day, and retire from his arduous *task* in disgust, acknowledging the inefficiency of science, and yielding submissively into the hands of the duck-pond, mill-seat, country-tavern, and cross-road "*doctors*," the health, happiness, and lives of millions of our beloved fellow-creatures. True it is, shamefully and painfully too, that the most consummate fop who will "strut the gentleman," strain an affability of manner, look sapient, commit to memory the definition of a few medical terms, and belch them into the face of those who are as ignorant of their meaning as he is of the first principles of the profession he is so basely slandering; he it is, I say, who is filling his coffers with ill-gotten gains from "filthy lucre's shrine!" He it is who unsheathes his unhallowed tri-edged weapon (impudence, ignorance, and love of money), and marches to the slaughter of thousands of precious human beings! He it is who is heaping contempt and infamy on our glorious science, and is instilling distrust in the minds of thousands whom he has already robbed, both of health and money! He it is who is selling the principles of the "healing-art" for a *low price*, and crying, *cheap doctor! cheap doctor!!* to the chagrin, mortification, and in many cases to the entire ruin of the honest and well-qualified member of the medical profession, who, after many years of hard labor, and almost perfectly destitute of funds and health, has obtained the object of his search, himself—a DOCTOR OF MEDICINE. We ejaculate heartily,

down with the *pretending puff*! and if we fall in the attempt, we will be found falling as fell one of old, our "whole length shall fall that way."

"Truth is mighty and will prevail." "Truth may languish, but never can perish; neither feareth it rigid examination, for its bottom is fast." W. G. B.

REVIEWS AND NOTICES.

The History, Diagnosis, and Treatment of the Fevers of the United States. By ELISHA BARTLETT, M. D., late Professor of Materia Medica and Medical Jurisprudence in the College of Physicians and Surgeons of the University of the State of New York, etc., etc. FOURTH EDITION, REVISED by A. CLARK, M. D., Professor of Pathology and Practical Medicine in the College of Physicians and Surgeons, etc. Philadelphia: Blanchard & Lea. 1856. pp. 610.

It has become fashionable to speak of the Medical Profession as a body of jealous, quarrelsome men, whose chief delight is in the annoyance and ridicule of each other. If the unworthy conduct of individual members has given color to this thought, we have a fond hope that we are in the dawn of a better day. We submit, however, the assertion, that nowhere in human associations are warmer friendships experienced than in the ranks of our profession—nowhere more generous sentiments toward brethren of the same calling; and in testimony of this, we offer the following tribute by the editor of the volume before us, to the memory and worth of his friend:

"The distinguished author of this volume had performed his last scientific labor when his third edition was prepared for the press. Sixteen months ago he closed his brilliant professional career, after years of growing bodily weakness and pain; his mind not dimmed by his physical infirmities, but bright and comprehensive, glowing with the memories of the past and the visions of the future. He died too soon for the profession he adorned. The clock had hardly marked twelve at noon on the dial plate of life, when its pendulum strokes grew faint, and gradually fainter to the ear; and now at length when all is still, the hand that notes the hours points sadly upward, to indicate how much of daytime still remained to reap the harvest of affection and honor, in those fields from which he had already garnered up so many golden sheaves. He died alas, too soon."

To him who still skeptical of our general assertion, seeks for further evidences of genial, generous manhood in the Medical Profession, we respectfully refer to the affectionate and hearty dedication of Professor

Wood's new work on *Materia Medica*, to his friend Prof. Bache, of a great, flourishing, and rival Medical School.

To return, however, to Dr. Bartlett's Treatise on the Fevers of the United States. Its first edition was published in the Fall of 1842, nearly fifteen years since, and it came immediately into the favorable regards of the Profession. Prof. Lawson, of this City, thinks we have no work on American fevers which the practitioner can consult with more advantage than this. The work was prepared as the author tells us, to supply what he felt to be a radical defect in our Medical literature; we had the excellent treatises of Fordyce, Armstrong, Southwood Smith, etc., but these were English authorities and in many respects not safe guides for the American practitioner. In their place we had most valuable contributions to our views of the nature and treatment of fever in the works of Louis, Andral, Nathan Smith, James Jackson, and others, but these were not in a shape to be available to the general practitioner. The work of Dr. Bartlett, we may say to those who have not examined it, embraces the history of those four great branches of the general family, Typhoid Fever, Typhus Fever, Periodical Fever in its three forms of intermittent, Billious, Remittent and Congestive, and Yellow Fever. Dr. Bartlett has given great attention, and with fine opportunities, to the study of Typhoid Fever; his work is consequently of peculiar interest and value in this branch of his subject.

The editor of this edition (Dr. Clark), has added a number of short notes throughout the work, of value as a means of reference, and bringing up the whole subject to the present date.

For sale by Truman & Spofford. Price, \$—

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Lectures on the Principles and Methods of Medical Observations and Research. For the use of advanced students and junior practitioners. BY THOMAS LARCOCK, M. D., F. R. S. E., Prof. of Practice of Medicine and of Clinical Medicine in the University of Edinburg, etc., etc. *Homo naturæ minister et interpres, tantum facit et intelligit quantum de naturæ ordine re vel mente observaverit; nec amplius scit aut potest.* Philadelphia: Blanchard & Lea, 1857, pp. 209.

CLINICAL studies are becoming very justly prominent as a part of modern Medical teaching, and although these studies are prosecuted at the bed-side of the actual sick, and by an actual observation of disease with its symptoms and conditions, still there is very truly a kind of mental discipline and training which peculiarly *fits* the young practitioner or student for a *profitable* clinical investigation. We have read a good deal of this little volume before us with pleasure and profit, and we think that it will meet a peculiar want in our professional literature, especially

arising out of the increased attention, alluded to, given in these days to this department of Medical training. It is a philosophical little book, being more intended to cultivate habits of observation and the reasoning faculties on Medical topics than to offer a guide on any particular field of inquiry. There are seven lectures on such suggestive subjects as these: Nature and Acquisition of Experience in Medicine; General Method and Objects of Clinical Study; Methods of Clinical Examination; On Prognosis; On the due Estimate of Treatment and the Management of the Case; The Numerical Method of Research in Medicine; The Analogical, Philosophical, or pure Inductive Method of Research. These seven lectures embrace a fertile field of inquiry, and no practitioner of Medicine can peruse them carefully without getting new suggestions that will avail in the day of trial and anxiety.

For sale by Truman & Spofford. Price, \$—

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RANKING'S HALF YEARLY ABSTRACT OF THE MEDICAL SCIENCES.—No. XXIV of this most excellent periodical, being from July to Dec. 1856, has been received. It is sufficient to say of it that it continues to sustain its established character and worth. Re-published in Philadelphia by Lindsay and Blakiston, and for sale by booksellers and and periodical dealers generally throughout the country. Price, \$2 00 per annum.

GAZETTE HEBDOMADAIRE, Nos. 2, 3 and 4 for January 1857, have been received from Victor Masson, Place de l' Ecole de Medecine, a Paris. We shall give our readers the benefit of gleanings from this sprightly Weekly Gazette of Medicine.

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WE have received from the Publishers, Messrs. Blanchard & Lea, a new edition of *Holland's Medical Notes and Observations*, and *Rigby on Diseases of Females*. From Messrs. S. S. & W. Wood we have received, just as we were making up the last of this number, *Mott's Velpeau*, Prof. Blackman's new edition, and two works on Grammar; all these will be noticed more at length at as early a date as practicable.

To J. B. Lippincot & Co., we are under obligations for the last *Quarterly Summary of the Transactions of the College of Physicians of Philadelphia*, July 1856 to Jan. 1857 inclusive.

We have casually seen the first number of the *North American Medical Chirurgical Review*, though no number has come to hand for this office as yet; we see the new Journal highly commended and we doubt not, worthily.

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EDITORIAL AND MISCELLANY.**MEDICAL COMMENCEMENTS.**

THE several regular schools of medicine in this city have held their commencements during the past month.

MIAMI MEDICAL COLLEGE.—The fifth annual commencement of this vigorous medical school came off in Melodeon Hall on the evening of February 19. A large and highly intellectual audience was present, and the exercises were of a very interesting character. The Rev. S. W. Fisher, D. D., President of the Board of Trustees, delivered an able address to the graduating class, after which the degree of M. D. was conferred on the following gentlemen :

Name.	State.	Subject of Thesis.
B. Bartholomew.....	Ind.....	Typhoid Fever.
J. R. Arter.....	Ohio	Colitis.
O. P. Barbour	Ohio	Gastritis.
R. C. Bond.....	Ind.....	Cancerous Tumors.
W. T. Brown.....	Ohio	Respiration.
J. S. Bailey.....	Ohio	Oxygen.
S. S. Dunham.....	Ohio	Peculiarities of the Human Female.
H. J. Dean.....	N. Y....	Acute Peritonitis.
Wm. S. Grimes.....	Ohio	Blennorrhagia.
H. J. Hartley.....	Ind.....	Hepatitis.
B. F. Hudson.	Ind.....	Percussion and Auscultation.
J. R. Jones.....	Ohio	Acute Dysentery.
Wm. Moore.....	Ohio	Chorea.
Eli M. Morrison	Ind.....	Milk Si kness.
R. R. McCandliss.....	Ohio	Typhoid Fever.
S. D. Meserve.....	Ill	Milk Si ckness.
M. Mitchell.....	Ohio	Homeopathic Absurdities.
T. R. May.....	Ill	Milk Sickness.
C. P. O'Hanlon	Ohio	Mechanism of Labor.
J. D. O'Conner	Ohio	Vital Forces and Vital Harmony.
F. G. Pollock.....	Iowa	The Skin and its Functions.
B. Stanton.....	Ohio	Dislocations of the Hip Joint.
J. A. Scudder	Ind.....	Tonics.
C. T. Simpson.....	Ohio	Dyspepsia.
J. Smith.....	Ohio	Typhoid Fever.
J. I. J. Shelby.....	Miss.....	Yellow Fever.
J. W. Tedrow.....	Ohio	Physiology and Hygiene.
J. M. Watson.....	Miss.....	Natural Labor.
L. Williams	Ind.....	Injuries of the Brain and its Membranes.
N. L. Wickersham	Ind	Etiology of Periodic diseases.
B. G. Warwick.....	Va.....	Cardiac Polypi.

The commencement was closed by a valedictory address by Prof. J. F. White, and a benediction.

The custom of conferring honorary degrees being so frequently attended with abuse, this Institution has established the rule to grant no such degrees.

By the rule of this college, each candidate for graduation, previous to having the degree of M. D. conferred, takes upon himself a solemn obligation to discharge the duties devolving upon him as a physician in a faithful manner, and to observe the Code of Ethics of the American Medical Association. He further concedes to the Faculty and Trustees the power to withdraw the Diploma if he should ever engage in quackery. We believe this to be a good regulation, and if faithfully carried out, will effectually prevent the diploma of this school from the disgrace of giving character and reputation to any man who does not live up to a proper standard of professional morals.

The exercises of the evening and of the winter session were closed with a delightful party at the residence of Prof. Davis. The classes of the Miami School have been steadily growing each winter since its organization, and the present class has probably been the largest of any regular school in the State.

THE MEDICAL COLLEGE OF OHIO held its commencement on Tuesday evening, February 17th, in the amphitheater of the college building. The worthy President, John P. Foote, Esq., delivered diplomas to the following thirty-one gentlemen, accompanied by an excellent address suited to the occasion ;

Jacob C. Barr,
Harvey Bradley,
Asa Brayton,
David Campbell,
Aug. Case,
N. C. Clark,
Sam'l Coryell,
H. M. Currey,
Sam'l Fisher,
David Gould,
Sanford H. Harrod,

Wm. Hays,
Jas. W. Hereford,
Sam'l Alex. Kennedy,
J. C. Kidder,
Georgius Liggett,
Preston Lindsey,
James McMahan,
Abrm. McMahan,
Edmund Osmond,
J. C. Porter,

Amos Potter,
Burditt Ramsey,
John W. Redmon,
James J. Rooker,
F. M. Sanderson,
N. J. Sawyer,
S. Rivington,
——— Howall,
Joseph W. Wishard,
F. H. Sale.

And the honorary degree to Dr. Wm. Dickey and Dr. John A. Windels. Prof. Armor gave the valedictory. The exercises closed with a "gathering" of graduates and friends at the residence of Prof. Blackman.

THE CINCINNATI COLLEGE OF MEDICINE held its commencement on Saturday evening, Feb. 14th. Prof. Baker delivered the valedictory to five graduates. In his address, the Professor gave a resume of the various schools of medicine, regular and irregular, that have had an existence in this city.

MEDICAL FEES.

THE subject of fees for professional services seems lately to be attracting considerable attention among our brethren: We have read very fitting and timely articles upon it in a number of our exchanges. We propose, therefore, to improve this occasion with a few remarks upon the same topic. These remarks, however, are not intended to apply to such professional services as are necessarily of a charitable kind. God forbid that the humane, benevolent character of our noble order should ever be lost sight of! or that ever a true physician should feel at liberty to refuse his attentions to any from their inability to tender the honorarium. What we speak of now has simply reference to such service as we expect to regard at any time as a proper subject of remuneration.

We think it of easy demonstration that, in view of the capital invested, the time expended, the exposures endured, and the money received, the physician is the poorest paid member of the body social or politic. We make no exception, we speak with due reflection when we say the *ditch-digger* receives better pay. And then, as has been properly remarked by the *Med. and Surg. Reporter*, "small as doctors' bills are, it is considered a merit, by a great many, to cheat them out of the whole or a part of their hard earnings; and yet when a doctor has money dealings with others, he is expected to pay promptly to the uttermost farthing." It is generally agreed that the remedy for this trouble is in the hands of the profession, and that it only needs harmony of action to secure it. There is no doubt but we shall accomplish much more for ourselves individually, when we at last shall come to recognize the truth that the medical profession, as a craft or fraternity, is dependent for the prosperity of its individuals, upon the prosperity of the whole. The remedy that is generally suggested for relief consists in a revision of our fee bills, and conforming them to the advanced rates of living. We do not doubt but in many places this ought to be done; indeed, in some localities we know the fees are absurdly low. But still, we think the evil is not so much in *the rate of our fees*, as in *the way we collect them*, or rather *don't collect them*. In almost every department of business, the credit system is being abolished. The consequence is, that tradesmen adopting the cash principle can afford to sell their wares at a reduced rate, and make a greater profit. We have no doubt the public would find it to their interest to adopt the same plan in compensating their medical advisers. On this point we call attention to the remarks of our intelligent Boston correspondent, in his letter published in the February number of the *Observer*. He gives an instance

of a physician in that city, whose practice, too, is among a class proverbially the worst pay for doctors of all others, who has adopted the cash system, and is becoming rapidly wealthy. That is the plan pursued by the *Inhalers*, *Magnetic-Bath doctors*, *Fit Curers*, and the like, and they "clothe in purple and fine linen, and fare sumptuously."

We say, then, we believe the remedy consists rather in a revision of the credit system, than in a revision of fee bills. Transient persons, office prescriptions, and the like, should at any rate be cash. Regular patrons should have their bills presented as soon as the treatment of a case is completed. The service is then fresh, and gratitude for attentions at its high. Besides, for the *most part*, there is no hardship in this arrangement to the public. Make our arrangements accordingly, and it is quite as easy to find money for a reasonable amount of medical services as for our weekly marketing. What locality will set a goodly example in this matter, and demonstrate its practicability and mutual benefits? A city like Cincinnati might do so with propriety. What say you, brethren?

This *sanitary reform* must necessarily be a gradual work we suppose, but we must ultimately come to it. As an individual, if we can receive *promptly*, without *delay* or *dunning*, remuneration for our services, we should be contented with present fees. †

THE VALERIANATE OF AMMONIA IN THE TREATMENT OF NEURALGIA.

THE statements respecting the power of this new agent in the treatment of Neuralgia has excited considerable interest among medical men in this city. Its value is being very freely tested by our most intelligent and judicious physicians, and we expect to be able to report their experience at an early day. To a limited extent we may say this experience already confirms the happy results reported by Declat in the French journals. We stated last month in a note from Dr. Bruhl, that the valerianate of ammonia was being prepared by Mr. Finnel, Druggist, cor. Third and Broadway in this city. Mr. W. J. M. Gordon is also preparing it, and we presume all our best Druggists will have it on hand if the experiments now making prove at all satisfactory. We may be pardoned for repeating the formula for its use. The valerianate of course is a salt, and it is administered in aqueous solution in the proportions of half a drachm to the ounce of solution; dose a teaspoonful three times a day. We suggest, however, as valerianic acid

saturated with ammonia is a more convenient preparation than the salt, that the former be adopted as the basis of prescription, the remedy would be equally reliable and convenient for use and would save the Druggist some extra manipulation. It is, however desirable to have a uniformity in the preparation, that we may not prescribe with confusion. We propose therefore that our apothecaries keep on hand an aqueous solution, each ounce of fluid to be equivalent to drachm ss. of the valerianate of ammonia, and to be known as the *Liquor Ammonia valerianatis*.

[Prof. LAWSON has handed us the following to which we especially call the attention of our readers, will they be good enough to respond:]

Q U E R I E S.

1. Have cases been observed in which phthisis occurred after the full development of the small-pox? I refer to examples in which small-pox occurs when the system was entirely free from tubercular deposits, and the latter supervening in after years.

2. Can any of your readers furnish a case of unequivocal cure of pthisis by the agency of cod-liver oil? L. M. L.

GODEY'S LADY'S BOOK.—We have several exchanges outside of our professional list that we value very highly; of these we had laid on our table just before going to press, the January, February and March numbers of the Lady's Book. Godey has been catering to the taste of the ladies of America so long that he has come about as near making a perfect ladies' magazine and companion for the parlor, dining room and boudoir, as we can well wish for. The illustrations alone are worth much more than the subscription price; for instance take the March number just out, and we count fifty-eight embellishments, consisting of one fine line engraving, the "Mitherless Bairn;" fashion plates, designs for various articles of dress, embroidery, lace, "how to cut and contrive children's clothes;" illustrations of places and public buildings, etc., etc. Music, and plans for model cottages are also among the features of the Book. The best writers of this class of literature in the country are regular contributors. We advise our medical friends to take the *Observer* for themselves, which we can conscientiously commend as a capital Medical Journal, and the *Lady's Book* for their wives, to while away the time when they are trudging through the swamps away from home. Terms, 1 copy 1 year \$3, 2 copies \$5, 3 copies \$6. Clubs may be made up at any time, as the work is stereotyped. †

DURING THE LATE EXAMINATIONS for Degrees in the Miami Medical College of this city, we learn that Professor Comegys introduced a somewhat unusual feature. He placed a printed list of questions on the blackboard before the entire class of candidates at once, they were provided with paper and pencil and allowed two hours to prepare written replies to the list. There were no "leading" questions by the Professor. There was no interchange between candidates and teacher whatever, except as to the point or meaning of particular questions; making 100 the standard of perfection, we understand the result of this experiment was an average of 84 per cent. which is certainly evidence of very fair drilling. †

THE FOLLOWING is *cool* and almost *amusing* if not something else: Dr. J. Calvin of Calcutta, Ohio, returns the January number of the *Observer* for 1857, with this laconic note:—"You had better not send this Medical Observer till you get the money from me. J. Calvin."

We had already sent the Journal to this kind-hearted medical brother during the past year and had received no pecuniary or other acknowledgement; he will therefore feel gratified to learn that his name with a number of others of the same sort had *already* been stricken from our list in making up the new mail book; we make this notice cheerfully, without charge and unsolicited. †

CINCINNATI ACADEMY OF MEDICINE.—The Medico-Chirurgical Society of Cincinnati voted at its last meeting to hold its sessions hereafter with open doors. A pleasant Hall has been procured in Bacon's building cor. Sixth and Walnut, and at the next meeting of the Society it will re-organize under the name and title of the Cincinnati Academy of Medicine. We believe this is a good movement, we hope it will be the means of harmonizing the members of the regular profession of this city, that they will rally around this new organization and make it a matter of common interest and affection. If so we have no doubt of the success of the enterprise or its influence upon the popular sentiment.

SUMMER COURSE OF LECTURES IN THE MIAMI MEDICAL COLLEGE.—We again call attention to the Spring course of lectures in this school, which will commence on Tuesday the 10th inst. We refer to the card in our advertising sheet for certain changes which have occurred in the corps of lecturers. The Spring session of last year was very successful, and the lecturers are encouraged to make every effort to secure a greater degree of success and profit for the future. There is already enrolled a very good beginning for a class, and the prospect is fair for a

respectable attendance. There will be sixteen lectures each week, daily dispensary clinics, and clinical lectures twice each week at St. John's Hospital. †

DEATH OF ELISHA KENT KANE M. D.—Before this number of the "*Observer*" will reach our readers, they will have received the mournful intelligence of the decease of this heroic voyager. We have not the space to give a sketch of Dr. Kane, nor room for any notice of the testimonials which the profession and the community at large are offering as tribute to his worth. At a large and respectable meeting of the Regular Profession of Cincinnati, held in the Ohio Medical College edifice on Saturday 28th February, appropriate resolutions were adopted and the necessary steps taken to co-operate in the services proposed by the popular meeting of citizens previously held in the Merchants' Exchange. †

MEDICAL BOOKSTORES—Messrs. Moore, Wilstach, Keys, & Co., and H. W. Derby have for several years past kept the principal medical bookstores in this city; both of these establishments have lately changed hands. H. W. Derby goes into the Law Book publishing mainly, and is succeeded in the miscellaneous and medical book trade by Rickey, Mallory & Webb who retain the old stand on Main Street. Truman & Spofford succeed Moore & Co., 25 West Fourth Street. At either of these places our medical friends can find a good and full assortment of professional works and we doubt not at fair prices. †

THE AMERICAN MEDICAL ASSOCIATION.—In another place we give a card in reference to the next meeting of this body which we take from the *Nashville Medical Journal*. We had hoped that our Nashville friends would have pointed out the best mode of reaching that city from distant points, and what arrangements would be made, if any, to facilitate the journey, or to afford any special advantages to delegates. Let us hear from you, please. †

A NEW BOOK FROM PROFESSOR AUSTIN FLINT.—We learn from the Buffalo Medical Journal that Professor Flint is engaged in the preparation of a work on the "Diagnosis, Pathology and Treatment of Diseases of the Heart." We are glad of it and think the profession will be glad to receive such a work from so able and accomplished a source. †

CORRESPONDENTS AND CONTRIBUTORS must be patient with us, we have valuable articles on file which will have a place as fast as we can find room. †

RAW PORK AS AN ARTICLE OF DIET.

[Communicated for the Boston Medical and Surgical Journal.]

THE remarks of Dr. Bowditch upon the use of raw pork as an article of diet, appeared to have no inconsiderable interest from the connection they may obviously have with the effect of the processes of cookery upon the digestibility of food, both in health and disease. I would suggest whether the superior supporting qualities of raw pork, supposing it to be so, may not be owing to the fact that, when cooked, it is less perfectly and entirely digested. It would seem, from the result of Dr. B.'s examination, that, when fried, the fat of the meat is made to pervade its whole texture and thus to render it less penetrable by the gastric juice. Besides this, oils and fat—even butter—when exposed to a heat somewhat above that of boiling water, undergo some change, a chemical one, I presume, which renders them far less digestible.

The effect of one or both of these circumstances may be, either to prevent the mass from being wholly digested—certain parts escaping the process and never entering the circulation—or to prevent its change from being perfect, so that the chyle absorbed from it is imperfectly elaborated. The result in either case would be that the system would derive less support from it; the amount of support not depending upon the quantity taken into the stomach, but upon the quantity which is so assimilated as to be capable of application to the purposes of nutrition. It often happens, I think, with food—especially fatty food—that it is sufficiently acted upon by the digestive organs to admit of its absorption, and yet not enough so to make it nutritious in proportion to its bulk.

Every one probably has observed—certainly every dyspeptic has—how very different an article in its digestibility, boiled bacon, especially the fat part—is from fried. In the former the muscular fibre is not pervaded by the melted fat; and, besides, the fat itself has not been subjected to a heat high enough to change its chemical character, and probably not high enough to break up its cellular texture. The fat of boiled bacon is often very easy of digestion, while the fat of the fried is very difficult.

Few opportunities are offered us of judging of the digestibility of food absolutely raw. Yet, so far as I have been able to observe, *cured* meats are quite as readily acted upon by the stomach in the raw state as when cooked. There is great variety

in the powers of different stomachs, but generally we find that rare meat is preferable to that which is very thoroughly cooked. It may be found that, in some persons and in some states of disease, meat absolutely raw will be still better. Eggs and oyster are certainly more easily digested by most persons in this state, or at least when not subjected to a heat high enough to coagulate their albumen completely. Careful experiments and observation on many subjects can alone determine these questions; and we may perhaps find that cooking at a degree of heat below the boiling point, and short of that which will coagulate albumen in the densest manner, will prove best adapted to the powers of the human stomach.

Mr. Parkyns, in his late work on Abyssinia, gives some curious details with regard to the use of raw meat by the inhabitants of that country, which have some value in their bearing upon this subject. I give the account in his own graphic language. "On every festive occasion, as a saint's day, birth, marriage, etc., it is customary for a rich man to collect his friends and neighbors, and kill a cow and one or two sheep. The principal parts of the cow are eaten as *braundo*, or raw beef; the remainder is cut into small pieces and cooked. The slaughtering of animals in Abyssinia is attended with a regular ceremony, as in Mahomedan countries. The animal is thrown down with its head to the east, and the knife passed across its throat, while the words 'In the name of the Father, Son and Holy Ghost,' are pronounced by the butcher. Almost before the death-struggle is over, persons are ready to flay the carcass, and pieces of raw meat are cut off and served up before this operation is completed; in fact, as each part presents itself, it is cut off and eaten while yet warm and quivering. In this state it is considered, and justly so, to be very superior in taste to what it is when cold. Raw meat, if kept a little time, gets tough; whereas, if eaten fresh and warm, it is far tenderer than the most tender joint that has been hung a week in England. The taste is, perhaps from imagination, rather disagreeable at first, but far otherwise when one gets accustomed to it; and I can readily believe that raw meat would be preferred to cooked meat by a man who from childhood had been accustomed to it."—*Parkyns's Life in Abyssinia*, vol. i., p. 371. It is quite probable that a difference would be found between the digestibility of freshly-killed raw meat, as compared with that eaten after some interval, just as there usually is between tough and tender meat of any kind. The matter is certainly worthy of experiment, if we could find those who are willing to make it.

STANDING COMMITTEES OF THE AMERICAN MEDICAL ASSOCIATION.

At the ninth meeting held at Detroit, 1856, it was

Resolved, That hereafter an annual prize of ——— dollars, be awarded for the best memoir or essay founded on original investigation of the author, and, in case of no memoir or essay being presented worthy of such award, the prize money to be appropriated toward the expenses of publishing and illustrating such memoirs or essays as may be subsequently deemed worthy of an award."

W. K. BOWLING, M. D., Nashville, Tenn.,
Chairman of Committee upon Prize Essays.

Competitors for the prize will forward their papers, without the name of the author, to the chairman of the committee, accompanied by the name in a separate envelope, the letter only to be opened in the presence of the Association.

The tenth annual meeting of the Association will be held at Nashville, on Tuesday, May 5th, 1857.

The secretaries of bodies entitled to representation in the association, are requested to forward to R. C. Foster, M. D., of Nashville, Tenn., one of the secretaries, a list of their delegates, immediately after their appointment.

"Each local society shall have the privilege of sending to the Association one delegate for every ten of its regular resident members, and one for every additional fraction of more than half this number. The faculty of every regularly constituted medical college, or chartered school of medicine, shall have the privilege of sending two delegates. The professional staff of every chartered or municipal hospital, containing a hundred inmates or more, shall have the privilege of sending two delegates, and every other permanently organized medical institution of good standing, shall have the privilege of sending one delegate.

"Delegates representing the medical staffs of the United States army and navy, shall be appointed by the chiefs of the army and navy medical bureaux. The number of delegates so appointed, shall be four from the army medical officers, and an equal number from the navy medical officers."

Editors of medical journals will confer a favor upon the members of the Association by copying the above.

CASE OF POISONING BY OPIUM.

DR. GOBECHT called attention to a case of poisoning by opium, in a child aged *twelve months*, which came under his notice in the latter part of Nov. 1856.

The child was said to have had administered to it about a *teaspoonful* of laudanum, with castor oil in equal quantity, in mistake for syrup of rhubarb, at about seven P. M.; for about half an hour it was unusually wakeful, and the error was not detected until it was placed in its cradle, when stertorous respiration supervened.

Some length of time was consumed in the ineffectual search for a physician, so that it was half past nine o'clock when I saw the child, about two and a half hours after the administration of the poison. He had, however, taken by previous advice, Cupr. Sulph., gr. j, Ipecac., gr. ij, in divided doses, during fifteen minutes, but without any result. This I followed with Zinci Sulph., gr. j, Ipecac. gr. $\frac{1}{2}$, intending to repeat the dose if required, and applied the poles of an electro-magnet to the nape of the neck and the pit of the stomach, with low power, to aid in vomiting, but without effect. But the rapidly increasing insensibility of the child, with pin-head pupils—determined me to use the stomach-tube. With a male catheter and a two ounce syringe, I washed out the stomach, and as an attempt at vomiting seemed to be produced by the distention of the organ after a little time, I withdrew the tube—a single regurgitation followed, and the infant sunk back exhausted and as pale as death. Stimulation with small doses of strong coffee and brandy, caused it to rally—when I again washed out the stomach; the fluid thus passed through the organ was starchy in appearance, and sour to smell, but with the very faintest odor of opium—showing that in all probability the laudanum had been almost entirely absorbed. As the infant rallied a little and could be roused by some exertion, it was shaken, walked up and down, slapped and stimulated by coffee and brandy, until eleven o'clock; when suddenly it seemed to be impossible to keep it longer awake, its head falling on the shoulder, and its surface being cold and pale, the pupils remaining contracted; in short, the exertions to prevent its falling into irrecoverable stupor, were necessarily so active, that I feared that even if it resisted the opium, it might eventually die of exhaustion. I therefore, having partly wrapped the two poles of a powerful electro-magnetic machine in towels, by which to hold them, applied one pole to the nape of the neck, and the other

to the pit of the stomach, for the purpose of keeping up artificial respiration, and the action of the heart. I commenced with the lowest power without much effect, and gradually drew out the keeper of the magnet to its full extent; even this for some time resulted in very little good, so little that at about half past twelve I believed the case entirely hopeless; but by constantly removing and re-applying the pole, with this full power, at the nape of the neck, every few seconds, I was enabled to produce a perfect respiratory act, and decidedly to increase the action of the heart. This condition continued as long as the electro-magnet was used, but when the latter was discontinued for a little, these actions would become slower and weaker, and almost cease. Finally by its continued use I perceived a faint blush on the scalp, which increased, the child stretched itself backward, raised its head, the face was suffused, it opened its eyes, and the pupils dilated. On suspending again the use of the instrument, it relapsed into almost its former condition. This happened many times, each time the infant coming quicker under the influence of the magnetic current.

The proceedings, as before mentioned, were continued until two o'clock, just three hours, when, on stopping the machine, respiration and the action of the heart continued undisturbed; the pulse was full; the skin red and warm; and a warm sweat broke out on the forehead; the child continued in a gentle sleep for half an hour, and then raising its head and opening its eyes, with the pupils naturally dilated, recognized its nurse and parents, played with its toys, and was quite well.

It has never had an unpleasant symptom since.

The instrument employed (Kidder's, large size) was of such power as to produce the most violent effects on myself and others when tested; but acted in no other way upon the child than by producing artificial respiration, at least until the close of the proceedings, when general contractions and some pain were made evident.—*Transactions of Phil. College of Physicians.*

ETHERIZATION IN CONVULSIONS.

Dr. N. J. KNIGHT communicates to the *Boston Medical Journal* his experience with ether in controlling convulsions, and especially the convulsions of children as follows:

"I think etherization, in cases of convulsions in children and adults, is not fully known and appreciated. To every case of teething convulsions, in my practice for the last three years, I

have administered the pure sulphuric ether, and immediate restoration has followed with the most pleasing effect.

“A severe case of puerperal convulsions occurred in my practice last month. A lady who had, at three previous pregnancies, miscarried at periods varying from four to seven months, was taken with the usual symptoms of abortion, and sent for me in haste. Perfect quiet and an anodyne were prescribed; the alarming indications soon passed off, and I left. About three o'clock the next A. M. I was sent for, and found the patient recovering from a convulsive fit. Bleeding, a cathartic, cold to the head, sinapisms, to the neck, legs, etc., did not prevent the recurrence of three more convulsions in less than ten hours, when I commenced the administration of sulphuric ether, and although no more convulsions occurred, it was not until near the end of forty-eight hours that the nerves became so calm as to allow the ether to be omitted altogether. Ten days from the first attack the lady was delivered of a seven months' child, which had evidently been dead from the time of the first convulsion.

“I have had a severe case of convulsions of a married lady, this week, and etherization shortly restored the patient to a healthy condition.

“I consider ether really the only safe and efficient remedy for convulsions of *teething children*, or adults now known to the profession. Probably the half is not yet learned that etherization can accomplish for suffering humanity.”

THE N. Y. ACADEMY OF MEDICINE has done itself the honor of raising, for the second time, to the office of President, the veteran in surgery, Dr. Valentine Mott. Now past the allotted threescore and ten years, this unequaled master of the scalpel still bears as erect a figure, as healthful a countenance, a hand as steady, and an eye as strong as ever. He has lately tied the carotid artery for the forty-fourth time, in the living subject.—*Medical and Surgical Reporter*.

COD LIVER OIL—HOW TO TAKE IT.—Let the hours for taking be as far as possible from the ordinary meal-time. A wine-glass of half milk and half lime-water, or milk and soda water, with a mouthful of biscuit, will neutralize any acidity in the oil, and add some more matter for absorption.—*Dr. Thomas K. Chambers*.—*Western Lancet*.

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CONDUCTED BY

DRS. GEO. MENDENHALL, JNO. A. MURPHY, AND E. B. STEVENS.

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ORIGINAL COMMUNICATIONS.

ART. I.—*Case of Enlarged Prostate, Reported to the Erie Co. Medical Society, Dec. 13th, 1856, by CHAS. COCHRAN, M. D., of Sandusky, Ohio.*

W. H. C. of nervo-sanguine temperament, had been in the enjoyment of uniform good health up to the year 1849, when he was fifty-seven years of age. At that time, he consulted me in consequence of a difficulty in passing urine which had occasionally troubled him for several months. From his description of the trouble I supposed it proceeded from an irritable state of the neck of the bladder, and prescribed the use of good Holland Gin whenever the trouble occurred, by the use of which he experienced speedy relief. Thereafter he was in the habit of resorting to the remedy whenever he felt the necessity. About the same time he began to have nervous tremors which rendered it difficult to write. His memory too, commenced failing; events of recent occurrence could not be recalled though those of early life were still fresh in mind. His general health continued good. In 1853 he moved about two miles from town, took up a new farm, cleared it of timber, turned over the fresh earth and labored hard as a farmer; to which kind of labor he had for many years been unaccustomed. His residence (a large new brick house) was situated upon the north side, near a small creek that discharges its waters into Sandusky Bay about a mile below his house. The bed of this creek, from his house to its mouth, is so near the surface-

level of the Bay that every change of wind to the north or east forced the water back up the creek as far as his house. In 1854, the year after removing to this farm, his whole family, he among the rest, suffered from intermittent fevers. In some members of the family the disease was regular, in others irregular. While suffering from these irregular intermittents, which, in his case, seemed to take almost every form conceivable, the attacks would sometimes commence with what he termed "flashes." I never saw him during the paroxysm, but from the descriptions given by himself and family, he for the first instant became unconscious, there was a spasmodic action of the muscles of the left side, more severe than in the right, and of the face and upper extremities to a greater degree than of the lower. These attacks were usually preceded by headache and costiveness; I looked upon it as a form of intermittent disease and treated it with cathartics and tonics. During 1855 his health was pretty good except that upon severe exercise or exposure he was subject sometimes to ordinary chills and fever and sometimes to the "flashes" above described. During the whole period from 1849 to 1856 he was subject to occasional difficulty in voiding urine. There was frequent desire to micturate, the urine would begin to flow in a small stream and suddenly stop, or end in a mere dribble, attended with intense pain. He was never able to pass urine in a full stream after 1849, and for the two or three years last past the dysuria became more frequent and more severe.

August 25th, 1856. I was called—found my patient suffering from an unusually severe attack of dysuria which had been coming on gradually for several weeks. C. had continued his labors every day, though the only way he could void urine was to throw himself upon the ground and turn upon one side, when by severe straining the urine would pass, not in a stream but in "squirts" attended with intense pain in the glans penis. The urine he said, for several weeks had been of an unusually milky appearance when first voided; after standing a time it would separate—the milky part, (perhaps about 1-8 the quantity) would take the bottom of the vessel, leaving the remainder clear and colorless. This sediment upon examination proved to be pus. For the last few days he has passed small quantities of blood

mingled with the urine. This morning he passed about half a pint of clear fresh blood; I prescribed frequent doses of sulph. morphia with free use of infusion of buchu leaves and uva ursi. In a weeks' time the passage of blood ceased and the dysuria was partially relieved.

Oct. 3d. I was called—found him suffering from severe pain in the left side under the 7th rib, the left shoulder and arm, and in the left leg from the knee to the foot. The ankle and foot were inflamed and considerably swollen, the arm and elbow to a less degree than the lower extremity. The urine in decreased quantity was voided with less difficulty than for several months. I considered it a rheumatic attack and prescribed opiates and full doses of nitrate of potash in mucilaginous drinks, under the use of which the inflammation and swelling of the parts subsided in about a week. With the subsidence of the rheumatic attack (if rheumatism it was) the old troubles increased, and on the 23d of the month I was again called and found him suffering from dysuria more severe than he had ever experienced. The urine passed only a few drops at a time, with pain almost unendurable. He would strain and the urine would commence as though there would be a free flow, then suddenly stop, when he would shriek with agony. The pain was in the glans penis and in the left testicle; he could compare it with nothing less than having the testicle in a vice with turn after turn of the screw. Both testicles were retracted almost to the body. It was with difficulty his bowels could be made to move, which was effected only with pain a little less severe than attended the passage of urine; warm baths, opiates, cathartics, etc., were resorted to but with only temporary relief.

Nov. 9. Dr. Tilden was called in consultation. I had previously made frequent abortive attempts to introduce the catheter which would pass freely to the prostatic region, where it would meet with an impediment. Dr. Tilden had the patient placed in different positions and put under the influence of chloroform; when he attempted to introduce a silver catheter, but without success. Next day I procured several flexible catheters, and without difficulty introduced one of the smallest size. No urine flowed. I tried several different sized catheters, and with one of the

largest size drew off about two tablespoonfuls of urine. I introduced my finger into the rectum, and detected a large swelling which seemed to push back the wall of the rectum so as to almost close the entire passage. The bowels not having been moved for two days an ounce of castor oil was administered. This was repeated in the afternoon, and when I was called in the evening, he amused himself and me by reciting the effect of the medicine. About two hours after having taken the second dose of oil, he was in great haste called to the stool, and thought he was having a large evacuation from the bowels. He sat about half an hour with the sensation of continuous movement. With considerable effort he restrained the evacuation and rose from the seat with the expectation of seeing a full vessel, when to his amazement there was only a single nodule about the size of a small pea. Injections were several times repeated but with little success.

Nov. 11th He had a bad night, slept but little and was somewhat delirious. The desire to pass urine recurred about every ten or fifteen minutes, when he would spring from the bed, roll on the floor and scream without ever passing a drop of urine; during the night the flexible catheter was several times introduced, but I could draw no water. Opiates were freely given but with little apparent effect. Toward morning the delirium became more settled and he recognized no one around him. Intelligence seemed extinct; yet the sensation of pain was evinced by frequent shrieks, when he would jump from the bed and appear in terror as though trying to escape from some enemy or impending danger. All hope of recovery having been abandoned both by myself and the family, at their request, he was put and kept under the influence of chloroform, and thus made comparatively quiet, till about ten o'clock on the morning of the 14th when he expired.

Twenty-four hours after death an autopsy was made by Drs. McMeans and Dunahoo, in the presence of several members of this society. Before the examination a large sized metallic catheter was introduced but nothing passed. When the abdomen was opened and the bladder was subjected to pressure, about half a pint of thick consistent pus was forced out. The bladder, ureters, and both kidneys were filled with pus, and there was no urine present.

[The diseased parts were presented to the Society for their inspection, and the following description of these parts has been furnished us by Dr. Clendenin and is appended.—ED.]

“The kidneys externally presented their usual healthy appearance, but the cut surface is paler and more flabby than natural.

The pelves are somewhat dilated, and the calibre of the ureters considerably enlarged. The walls of the bladder are thickened and the vascularity increased, the thickening being in the muscular and submucous coats. The muscular fibres of the base of the bladder, particularly around the trigonum, have a very great development. The uvula vesical is made remarkably prominent by the great enlargement of the isthmus or middle lobe of the prostate gland. The prostate gland enlarged to about three times its ordinary dimensions surrounds the urethra to about the same extent on all its sides, and must have displaced to a great extent all the pelvic viscera. The structure of the gland seems not to be changed, it presents the usual color and firmness, and is easily split in the course of its ducts. The veins composing the plexus which surrounds the glands are very much enlarged.

ART. II.—*A Monograph on Ovarian Tumors; with an extended view of Ovariectomy as a means of cure.* By T. M. TWEED, M. D., of North Liberty, Ohio.

[CONTINUED FROM PAGE 119.]

THE TREATMENT OF OVARIAN DROPSY.—In no disease has the application of medicine hitherto been of so little avail as in the one under consideration. It has been acknowledged by many and indeed by nearly all who have attempted its cure, “that medicine has no power over it.” Dr. Hunter says that “the ovarian dropsy is an incurable disease; and that the patient will have the best chance of living longest under it, who does the least to get rid of it.”

Dr. Elliotson says “that if any medicine does good in these cases, it is iodine.” Again, “if iodine did not exist, I would not use any medicine at all in these cases, for excepting it I never found any, of whatever kind, to do the least good.”

Dr. Blundell, speaking of purgatives, diuretics, mercurials, etc., in this disease, says "they do no good. I will not venture to say you are not justified in making gentle attempts with these remedies; but experience shows that from these medicines so little good is to be obtained that in attempts like these the constitution ought not to be injured." And lastly, Burns states that "medicine has as much power over these cystic tumors as it has over the configuration of the patient's nose."

If these opinions alone were regarded, the attempt to cure ovarian dropsy would appear absurd and ridiculous. But although this want of power in medicine is seen in many cases, in some it does produce benefit; and although it may not establish a cure, it may so retard the progress of the disease as to enable the patient to live in comparative comfort for some years.

Our observations upon the treatment of this disease will be comprised under two distinct heads:

1st. The Palliative Treatment; and 2d, the Radical Cure.

THE PALLIATIVE TREATMENT of ovarian dropsy consists in the employment of Medical and surgical remedies. It is said to have been *cured* under various plans of treatment, the success varying according to the age, health, character of the patient, and the longer or shorter duration of the disease.

If enlargement of the ovary arises from inflammatory action, the enlarged organ can be felt distinctly between the vagina and rectum, and is very painful on pressure. In this case a strict antiphlogistic treatment is to be pursued. Local blood-letting is very important; this is to be effected not as usually prescribed, viz: by cupping the loins, or by the application of leeches to the vulva, but what is more effectual, by the application of leeches to the tumor itself through the rectum. The bowel is to be washed out by a copious enema; then by placing the leeches in a long glass tube, the upper end of which is perforated by a number of holes, the mucous membrane bulges through these perforations on introducing it into the bowel, and the leeches usually fix themselves to it. Care is necessary in introducing this instrument, and when it arrives at the diseased ovary it produces pain, and ought not to be pushed further. Large quantities of blood may be taken in this way, and the appli-

cation ought to be repeated every fourth day until the inflammatory symptoms subside.

This local depletion is to be further assisted by calomel and opium and saline purgatives. Blisters and leeches ought to be applied to the tumor when above the pubis, when pain or uneasiness is present. Dr. Ashwell regards this antiphlogistic plan as very efficacious in the early stages of the disease. He says "I have sometimes found local bleedings by leeches followed by repeated blisters (kept on only for a few hours), and succeeded by linseed poultices for several days, have not only retarded further growth, but have diminished the absolute bulk of some incipient ovarian tumors."

When the tumor in the posterior wall of the vagina gives any sense of fluctuation, it ought to be punctured. This should be done with a curved trocar, where the fluctuation is most distinct.

The tumor in this position often draws down the fundus of the uterus, so as to produce retroversion of that organ; in such cases there is difficulty in evacuating the urine, and sometimes there is retention; if so the catheter must be used. Constipation is almost always present producing pain, to overcome which, aperients are necessary.

In spite of all our endeavors the tumor may increase and occupy the cavity of the abdomen; and it is in this position we are more frequently called upon to treat it.

In this stage, also, the antiphlogistic plan of treatment has been advised, and was the one followed by Mr. Abernethy, "in order to reduce any inflammatory symptoms, and produce, if possible, absorption of the contents of the sac." Leeches applied to the tumor, followed by small and repeated blisters, have been recommended. This plan is very efficacious in removing any pain that may be present; and the constant irritation may be beneficial in removing the contents of the tumor; indeed, Dr. Bernott, of Cork, relates an instance where an ovarian dropsy was entirely cured by the constant application of counter-irritation in the form of a large seton applied over the tumor. Small blisters, also, have been used, and said to be very beneficial to these swellings.

The most powerful remedies in this disease and those which seem to have the most influence over it, appear to be iodine and

the liquor potassæ. We have already stated that in the opinion of Dr. Elliotson, iodine is the only remedy he would use; as all others under his observation had entirely failed. He says "I have seen cases diminish and some apparently cured by this remedy." Dr. Seymore also speaks very highly of it and gives cases illustrative of its remedial powers; he thinks it acts by producing suppuration of the cyst with adhesion of it to some of the neighboring organs and the discharge of its contents. The constitutional symptoms before these desirable events take place, are frequently very severe and often destroy the patient. Dr. Seymore remarks in one case under the action of this remedy "the tumor appeared to gradually grow softer; at length very violent constitutional symptoms arose, tremblings, great distress of mind, and lowness of spirit; to which succeeded the symptoms of internal suppuration, a very quick pulse, tongue brown and dry, rigors, followed by profuse sweats. At the expiration of a fortnight, the patient began to pass purulent matter by the rectum and vagina of various consistence and intolerable odor; this passed daily for some weeks and the patient recovered." In most of the recorded cases where some of the preparations of iodine have been used with success, as in Dr. Elliotson's, A. T. Thompson's and others, the tumor itself has been found to become softer on its surface, adhesions have taken place to some of the neighboring viscera, ulcerations have occurred between their walls, and the contents of the cysts have been injected into their cavities to be discharged at their natural outlets.

The desired objects in the use of this remedy appear to be suppuration of the cyst, and the discharge of its contents; but we are not always able to secure them; the inflammation may rise too high and induce a fatal result, or no effects at all will be perceived by its application; but in the majority of cases iodine acts more by inducing suppuration of the cyst than by any absorbent powers it may possess.

Mr. Jeafferson (*Med. Gaz. Sept. 1844*), says "I have also had several opportunities of witnessing the *gradual softening* of ovarian tumors under the use of iodine, when I have not been able to learn the ultimate termination of the case. This softening

process on the tumor appears to be the effect of these remedies; they do not, however, possess much, if any influence in promoting its direct absorption. What is the precise *modus operandi* it is not easy to decide."

From these remarks we may perceive that iodine, as a remedy in this disease, requires great care in its administration; that if any unpleasant effects are produced it should be discontinued for a time, and a return to its use should be careful and guarded.

The iodide of potassa is the remedy chiefly employed in ovarian dropsy, and possesses the advantage of combining the iodine and potash. When the system is fully under its influence, there are disagreeable sensations about the nose, coryza is present and an eruptive acne is observed about the shoulders. The syrup of the iodide of iron is an effectual and pleasant remedy for delicate females. When dyspepsia is present the iodide of potassa is given in doses of five, increased to twenty grains in some bitter infusion, two or three times a day; or it may be given with a purgative when constipation is troublesome.

Some patients are unable to take iodine in any of its forms on account of its action being very quickly displayed in their system; a good substitute in such cases is the liquor potassæ. This medicine, given in as large doses as the stomach can bear (small beer or table ale is the best vehicle on account of its efficiently disguising the taste), has been very successful under the direction of Sir B. Brodie in removing scrofulous and steatomatous tumors; it is found also to act in a similar way to iodine in ovarian dropsy. Dr. Seymore states that this remedy has been used in ovarian disease; that the general health has appeared to be often greatly improved under its use, and the formidable disease itself is reported to have disappeared under its employment. "The liquor potassæ in such cases, appears to act by inducing suppuration in the cysts which is afterward discharged, adhesions having been formed with the neighboring viscera. In this respect its action resembles that of iodine, and is contra-indicated when increased vascular action is present; and in fact it is in the leucophlegmatic habit of body that it appears to be most applicable, whether as a curative or only as a palliative remedy."

Dr. Warren relates a case in his work on tumors, where this

remedy produced softening of the tumor and a discharge of purulent matter by rectum, with a perfect cure of the patient.

The late Dr. Hamilton of Edinburgh, proposed a plan of treatment in ovarian dropsy, which, under his management, is said to have been very successful. It consisted of moderate bandaging, percussion on the tumor, and small doses of the muriate of lime. The percussion could either be made by means of the fingers, or by an instrument consisting of 5 balls attached by rods at right angles to the handle so as to somewhat resemble the hand and five fingers. I will give his own description of his mode of treatment; he says "adverting to the effects of percussion and pressure in chronic rheumatism, and knowing the influence of the continued use of the muriate of lime in indolent glandular swellings, I was led to the trial of these several means as being at any rate perfectly safe. I advised, therefore, that moderate and equable pressure of the abdomen should be made by means of a suitable bandage; that the large part should be subjected twice a day to gentle percussion; and that a course of small doses of muriate of lime should be continued for at least for several months. When pain or tenderness was experienced on the ovary being pressed upon, I recommend the daily use of the warm bath. This plan of treatment has been much more successful than I had anticipated; in seven cases in which it has been used, the enlargement has so completely subsided that it is no longer tangible. There could be no mistake in the majority of these cases, not only because the size of the diseased ovary was very considerable, the fluctuation was distinct and all the ordinary characteristics were well marked, but also because the nature of the affection had been previously ascertained by some of the most experienced practitioners in London. Previously to the diminution of bulk in all the successful cases, it is proper to add that the circumscribed enlargement of the ovary has invariably become soft. This change was so remarkably obvious in the first of the successful cases, that the indentation of the patient's fingers upon it was similar to what occurs in anasarca, although it had been previously incompressible, as the tumor extended as high as the right hypochondrium. This important change was first perceived by the patient herself."

This plan has not been so successful in the hands of English

practitioners as in those of Dr. Hamilton. The question arises, whether the plan has been really tried, or only partially put in practice. It is to be feared that the latter has been the case; for when we consider the difficulties which arise in treating a chronic case, where the improvement is only slow, and scarcely perceptible, we can not wonder that the patient's exertions should become relaxed, and the chance of cure abandoned.

Mr. Isaac B. Brown has lately published a plan of treatment, having the same indications as Dr. Hamilton's, although the means by which he intends to secure success are different. His plan consists in evacuating the cyst by tapping, after it has ceased to increase under the use of mercurial remedies and diuretics; and, then, by applying large pads over the cyst, and bandaging the abdomen very tightly, he endeavors to obtain obliteration of the sac, and consequent cure. He has published several successful cases arising from this treatment. (*Vide, London Lancet, vol. 1, New Series, page 179.*)

He says: "I divide my treatment into constitutional and local, and treatment after tapping.

"1. The constitutional one consists in the administration of mercurials internally as alteratives, and externally by friction over the abdomen, and continued until the gums are slightly, but decidedly affected; and this must be continued for some three weeks. I lay particular stress upon this point; at the same time, diuretics must be given, and after the first week, tonics must be combined with them. The food should consist of light animal diet, and the patient should take daily exercise in the air.

"2. Local treatment. This consists of the careful application of a tight flannel bandage, so as to produce considerable pressure over the tumor. When it is found that the abdominal action has been checked by a positive decrease in the tumor, and a continuation of such decrease, or by a positive non-increase for some weeks, then the cyst should be tapped, and all its fluid evacuated.

"3. Treatment after tapping consists of accurate padding and tight bandaging over the cyst and body, generally for two or three weeks; and the medicines and position ought to be continued for at least six weeks. I would particularly wish to enforce

the importance of the after-treatment, as on that depends very much the success or failure of the case."

This plan of treatment has been given to the profession, and apparently sanctioned by a number of successful cases; but we are bound to add, that some of those cases, called and published as successful, have come into other hands; and a highly respectable physician states, that two of Mr. Brown's cases have come under his observation—one died of ovarian dropsy, and on a *post mortem* examination, the cyst was found still to exist as large as before; "the other," he adds, "is still ill; the cyst has refilled, and we were obliged to have recourse to tapping."

This fact reduces considerably the value of Mr. Brown's cases. Again, on referring to the cases themselves, can we, on their recital, confidently assert that they are all cases of ovarian cysts? The real diagnostic marks are not *too clearly* stated, and the fluid evacuated by some, resembles that secreted by the peritoneum.

In a discussion at the Physical Society of Guy's Hospital, where the point was urged, Mr. Brown failed to convince the members that a cystic tumor was present in several of the cases he related to them. And, lastly, we would ask, can the system of salivation, which is an essential part of the treatment, be borne by many, or ought it to be administered in others who are young and healthy? The experience of the heads of our profession are against its administration; and some think "that we are not justified in persevering with a remedy which sometimes produces direful effects upon the constitution, and has so little effect upon the cyst itself."—BLUNDELL.

Pressure properly applied, is undoubtedly the best part of this plan; but this is not original, as Mr. Hamilton and others had advocated its efficacy long before Mr. Brown's treatment was thought of. Besides, pressure can only be applied in a limited degree; for if it be too forcibly made, the circulation becomes interfered with, and it is difficult to be borne. Even if great pressure can be maintained steadily, we are fully aware that it usually fails to obliterate cysts on the *external* parts of the body.

In a cystic tumor of the scalp, the most favorable place for pressure, it rarely obliterates the sac. Of course, we can hardly

suppose that the effects of pressure can be of much service, where there is no point of resistance, and where serious consequences may be produced in other organs. Pressure, again, can only be tried with a hope of success, in those cases where the cyst is simple, for it must inevitably fail in the multilocular variety. In the latter case, all that we could hope to accomplish, would be to retard its rapid development.

The application of pressure to the abdomen, produces a resistance to the rapid development of these bodies, and acts in the same way that extensive adhesions would do, in arresting its enlargement, by placing resistance to its increase.

Dr. F. H. Ramsbotham relates a case of this kind, which occurred in the practice of his father.

With all our vigilance and perseverance, the tumor may gradually increase to such a size as to become troublesome by its bulk, and endanger life by its interference with the vital functions. We shall, in this stage of the disease, have to treat the various symptoms arising from pressure. The tumor may encroach upon the stomach, and cause constant vomiting, which may baffle the most skillful and varied treatment. That this is the result of mechanical pressure, is proved by many cases. It is true the functions of the stomach may become permanently diseased, and even organic changes occur, but this is not usually the case. In one instance seen by Dr. Lee, the vomiting ceased immediately after tapping; so that without this reduction in size, the ordinary treatment by effervescing salines, hydrocyanic acid, creosote, sinapisms, and blisters, would be of no avail. Dyspnea is also a very frequent complication of this stage of the disease. It may be partially relieved by position, but its permanent remedy is the reduction of the sac.

The kidneys are, also, very frequently interfered with: the pressure of the enlarged ovarian prevents the proper secretion from taking place. Here some strongly recommended diuretics, but they can do no good, the cause being mechanical, not functional. Remove the pressure, and the kidney gives out its secretion, natural in quantity and consistence. This fact was well illustrated in a case already noticed, where the secretion of urine was greatly diminished during the distension of an enormous

cyst, but was instantly restored to its natural quantity and quality, after the pressure had been removed by tapping. Suppression again took place, on the enlargement of the tumor, and resisted every diuretic.

Diuretics are valuable, when ascites exists as a complication, but should never be used where the pressure is the cause of suppression; they are also useful where there is œdema of the ankles and eyelids.

Having now presented the principal remedies and plans of treatment, recommended by the best practitioners, and perceiving how little the disease is amenable to medicine, we pass to the consideration of paracentesis as a means of palliation and cure, adopted by many respectable authorities.

PARACENTESIS.—Practitioners generally have a great dislike to a recourse to this mode of palliating the disease. Experience teaches them that, in a majority of cases, the relief obtained is but temporary, the cyst rapidly refilling, leaving the patient in a worse condition than before. There are cases on record, however, in which this remedy has been followed with perfect success. Dr. A. T. Thompson reports a case in which tapping was performed fourteen times, and the patient recovered.

The operation, in itself, is considered one of the most simple in surgery. The patient generally sits in a chair, or on the side of a bed, with a broad piece of flannel covering the abdomen, the ends being slipped up, in order to adapt the pressure equally to the upper and lower portions of the abdomen. These ends are placed one within the other, and drawn tightly by assistants; a small opening is made in the flannel anteriorly, through which the trocar passes. This instrument may be introduced at once, or the skin may be first divided (which is the most usual way), by a bistoury or lancet; or, lastly, the latter may be carried directly into the sac, and a blunt-pointed trocar and canula may be introduced into the opening. Gradual pressure is to be made with the bandage, in order that the contents of the cyst may be evacuated, and, also, to secure the patient from fainting, and protect the viscera, which would otherwise be left unsupported, by the withdrawal of the fluid. Immediately after the operation, the

patient often feels faint, and sometimes syncope takes place, especially if the pressure be not kept up upon the abdomen. This has sometimes, but rarely, been fatal; usually the patient recovers quickly, and feels great relief; instead of dyspnea, a feeling of distension and fear of suffocation, there is a distinct calm; the lungs perform their office, and the distress ceases.

After tapping, the disappearance of the tumor is sometimes entire, at others only partial. This depends upon the character of the cyst. If it be simple it almost entirely disappears; but if multilocular the patient is surprised to find large hardened masses still remaining in the abdomen. In a few days she feels herself to become more distended, and from this time the abdomen gradually enlarges until it attains the same or a larger size than before the operation.

There are several points worthy of notice in the operation of paracentesis.

1st. The operator should correctly ascertain the most prominent part of the tumor, and the situation of the space where fluctuation is most distinct. That portion mid way between the umbilicus and pubis in the linea alba is the most appropriate; but in the multilocular variety, on examination and percussion, distinct hard masses may be found there, which ought particularly to be avoided; for if the trocar is introduced into them, the fluid contents of the sac will not be drawn off, and the patient will be subjected to the danger of an inflammatory attack.

2d. The patient ought always to be informed that the actual decrease of the size of the tumor may be very slight, especially if we suspect a cyst of the multilocular variety. In this case, a small cyst giving distinct evidences of fluctuation, may be opened, and only a few ounces of fluid be evacuated, giving only partial relief, and the operator may be compelled to make another puncture.

3d. The trocar should be introduced with a certain degree of justifiable force. A timid surgeon often fails in getting into the cyst, from fear of using too much force. The walls of these tumors are frequently very firm and dense, and if a certain degree of power is not used the sac will be pushed before the trocar and its cavity will not be opened.

4th. All large veins should be avoided.

5th. It is necessary to be particular in the diagnosis, and always to ascertain whether the bladder has been fully evacuated. If any doubt exists the catheter should be introduced before the operation; indeed, this ought to be done in every instance, as we can not always depend upon the patient's opinions or expressions; for cases have occurred in which the distended bladder and the pregnant womb have each been punctured for cystic dropsy.

DANGERS OF PARACENTESIS.—This operation may be performed very many times on the same individual without any bad effects, although it may give only occasional or partial relief to the patient. Several cases are recorded of enormous amounts of fluid being taken away by a great number of operations, through a series of years, some during thirty years, with no marked effects upon the constitution. All readers of surgery are acquainted with the case of "Dame Mary Page," who in sixty-seven months, was tapped sixty-six times, and discharged 240 gallons of water without ever repining at her case or ever fearing the operation.

But there have been larger quantities of fluid withdrawn, and the patient has survived even a greater number of tapplings than good Dame Mary Page. In the celebrated case related by M. Martican of Norwich, there were 6831 pints or 13 hogsheads of fluid withdrawn from an ovarian cyst during eighty different operations. (*Vide. Philos. Trans. Vol. 74 page 471.*)

Dr. Buckner tapped a patient upwards of twenty times during a period of two years. She at last died of inflammation of the cyst which was found to be multilocular and of large size.

In most of the medical journals of the day, may be found some of these extraordinary cases; and it is no slight encouragement for the afflicted, to be made acquainted with the facts. But we must not blind our eyes with the *exceptions* and forget the *rule*, for these cases are singular and therefore recorded, while the majority die in much less time and are buried in forgetfulness.

Dr. Blundell's practical observations on this point are well worthy the profoundest attention. He remarks "although women do live now and then to undergo these frequent tapplings, yet they more generally sink; and hence, in ordinary practice, the

longer the first tapping can be delayed the better, for there is nothing more unwise than to ground your general practice upon the *exception* to the RULE, though the error is not unfrequently committed."

It is, then, possible for the operation of tapping to be performed, and no danger arise; the patient may not recover from its effects until it is again required; but this is not always, nor indeed generally, the case. Rapid and fatal syncope may follow the operation, or the patient may die from exhaustion, after having rallied for a few days.

The natural tendency of an ovarian tumor, when uninterfered with, is to grow *slowly*; but when the fluid is withdrawn, the pressure which before existed, is taken from the-secreting vessels; consequently, re-accumulation of fluid quickly follows, which frequently results in inflammation of the cyst, with rapidly fatal symptoms.

Danger arises from this operation, by the accidental puncture of one of the large vessels, which frequently ramify on the parietes of the cyst. Dr. Buckner observes, "I have now seen several *post-mortem* examinations, where these tumors existed, and have observed large vessels, nearly the size of the little finger, ramifying on the sac, and one was placed in such a position that it would have been wounded, had an operation been performed." These large vessels, also, may arise in the omentum, which may be intimately attached to the anterior part of the cyst. This peculiarity occurred in a case in which the operation of ovariectomy was performed, witnessed by Dr. Lee, who says, "the vessels were as large as those of the dura mater."

The greatest danger to be apprehended after tapping, is the inflammation of the cyst itself, or the peritoneum. This is almost the inevitable termination, at some period or other, of the lives of patients who are subject to the operation. According to my own experience, the cyst itself is the part most usually inflamed. In some cases, a portion of the fluid escapes, and acts as a foreign body on the peritoneum; or the trocar may have punctured a mass of cysts, and thus produced inflammation.

The effects of the inflammation, however produced, are alarming; all the symptoms of active fever are found, there is great

pain in the abdomen, which becomes tense, and very tympanitic; vomiting ensues, and rapid exhaustion takes place, followed by death.

We have taken pains to collect a number of cases, in which the duration of the disease, after the first tapping, was accurately recorded, and we find that more than one-half of those who died did so within four months, and a moiety of these were only tapped once. Almost all the deaths, after the first operation were attributed to inflammation of the sac, or the peritoneum.

The operation in some instances, cures the cystic tumor. This happens when it is unilocular and simple; but these cases are rare, and, from the facts about to be adduced, we may well dread to perform the operation.

In very many cases, paracentesis can do no good, the tumor being made up of several small cysts; in many others it only affords partial relief; and in some, it actually kills. Dr. Blundell has well said, "Make the best of it, and tapping, after all, is an unsatisfactory sort of remedy; dangerous in scirrhus-dropsy; of partial relief in dropsy of many cysts; of no effect where the cystic material is viscid; obnoxious to inflammations, adhesions, suppurations, exhaustions, repetitions, and death, even in cases the most favorable; and the more I have seen of this operation, the more I have felt inclined to whisper to myself, when the surgeon has taken up the instrument, I wish I could do something better."

WHEN IS PARACENTESIS TO BE PERFORMED?—If the operation is decided upon, it is a matter of no small moment to determine *when* it shall be performed. Three periods have been suggested, each of which has its advocates. and its supposed peculiar advantages.

(1.) When the tumor arises just above the pubis.

(2.) When it occupies the abdomen, but without great distension; and,

(3.) When it presses upon important viscera, and impedes the vital functions.

The operation in the first position is recommended by Dr. Blundell, upon the principle that the surface from which fluid is

secreted is small at that period, and that there is a greater chance of a curative process being established.

The operation can be performed easily enough when the tumor is situated between the vagina and rectum, and when the fluctuation is distinct. Dr. Ogde, of Rochdale (*London Medical Gazette, Vol. XXIV*), gives a case of successful cure by this method. In a similar case, it succeeded for a time; but the patient took out the canula which was left, and the secretion again returned. In another case operated on in this way, it terminated unsuccessfully, from the cyst being multilocular, and the base of the tumor forming almost a solid substance, although there was distinct fluctuation. Many successful cases might be quoted, and especially such as have been discovered and operated upon, during parturition.

But Dr. Blundell thinks that the tumor might be opened when it is as large as a child's head, and situated above the brim of the pelvis. "Now, supposing our knowledge be sufficient, and our caution great, would it perhaps be impracticable to effect all this, even when the tumor lay above the brim of the pelvis, in the hollow of the ilium. For this purpose, might not an opening be made in the abdominal covering, large enough to admit the forefinger like a canula; and might not the point of the finger be placed on the surface of the ovary, so as to ascertain that no intestine was interposed, and, then, when sure the intestines and bladder are not interposed, might we not pass a very small trocar through the opening, and into the ovary, so as to evacuate the contents, at the very commencement of the disease?"—*Blundell*.

There can be no doubt that the early evacuation of the fluid, is a desirable proceeding; and when the tumor can be felt in the vagina, having distinct fluctuation, it ought decidedly to be punctured. The success of this operation has been great, when the disease has complicated labor. From our knowledge of abdominal surgery at the present time, we are aware that a small incision into the peritoneal cavity is not so dangerous as at one time we were led to suppose. But we should be quite certain of the existence of the cystic nature of the tumor, before such an attempt is proceeded with.

Dr. Bright does not approve of this early paracentesis. "It has," says he, "been recommended to have recourse to paracen-

tesis, when the tumor is as large as the uterus at the termination of pregnancy, before the vital functions are impeded, or the distension of the cyst has been very extensive." He thinks the period most preferable when the cyst becomes larger. "I conceive," says he, "that the time of the operation has arrived, when the tumor pretty fully occupies a large portion of the abdomen, giving the appearance of pregnancy advanced to the last months, and before any material mischief seems to threaten either the surrounding viscera, or the parietes of the tumor itself; for there can be little doubt that the forcible distension of the sac, continued beyond a certain limit, will endanger its inner surface, and, perhaps, prove one cause of the ulcerative changes which often take place, and are the source of great constitutional irritation, and death."

And, lastly, many practitioners agree, that the rapid re-filling of the cyst, after the first tapping, is so dangerous, and produces such fatal effects, that they willingly defer the operation until they are compelled to relieve their patient from the severe symptoms they suffer—the operation being performed from necessity, not from choice.

We do not think any distinct rule can be laid down, which would embrace the period of tapping, in all cases of ovarian dropsy. It appears that each individual case has its peculiarities; that the period of the disease, at which we are called to prescribe, is so various, and the nature of the cysts is so different, that each case ought to be treated individually, according to the tact of the surgeon. When the patient is young and healthy, the plan of puncturing the cyst early, and applying pressure and friction, is, perhaps, the best mode of treatment; and the employment of iodine internally, so as not to injure the general health, is beneficial. But, when a large, multilocular cyst comes under treatment, that will be the best where least is done to the local disease, and the general health supported. In such a case, tapping is injurious, and ought, if possible, to be avoided.

Several other surgical operations upon the cyst itself, have been suggested, with a view to destroy the secretory power of its lining membrane. It has been proposed to make extensive incisions into the cyst, or take portions away; and cases are

recorded by Le Dran and others, of cure by this treatment. Setons have been passed through the walls of these cysts, and tents have been left in openings made into them, for the purpose of producing suppuration and adhesion of their internal parietes. Mr. Key tried these remedies in several instances, but found them fail in all. Cysts have, also, been injected with irritating fluids, for the same purpose. An aqueous solution of iodine and iodide of potassa, has been highly recommended; and if injecting the cyst is at all justifiable, it is, perhaps, the very best that can be used. Some cases have partially justified the treatment, while in others it has completely failed.

All these plans are now rejected from modern practice, and we think very justly, because the constitutional irritation, following their application, is so great as to be, in most instances, fatal. At best, when these remedies have done their utmost, the disease is not cured; fistulous openings remain, and at last the patient dies exhausted.

ART. III.—*History of a case of Hysteria with Catalepsy*, by A. JONES, M. D., of Cincinnati.

Miss E. J. S. of Wilmington, Clinton county, Ohio, aged twenty years, small statue, with round muscle and smooth soft skin, hazel eyed and nervo-sanguinous temperament, has moved in the higher circles of society. Had frequent attacks of Tonsillitis. from the commencement of the flow of the menses, which occurred in her thirteenth year. Talking, and exercise in walking or riding, excites cough; and for the last two years has had frequent spitting of blood with light hemorrhage from the lungs, as she supposes. On the 15th day of June 1845, I was called to see her, and found the following symptoms. Flushed cheeks, headache—dry tongue—skin hot, great thirst—loss of appetite. bowels constipated, urine high colored and small in quantity—pulse one hundred per minute. Tonsils, urea, palate and fauces slightly swollen. Aphonia, could not speak out, but made known her wants in a feeble whisper. Pressure, on any point of the thorax produces pain; great tenderness over the spine and between the

scapula. In the clavicular spaces excessive sensibility. point could not be touched without exciting cough. For weeks the patient emaciated rapidly, had evening fevers, sweats, expectorated freely, muco-purulent matter tinged blood,—hurried and laborious breathing, quick pulse and diarrhea. The case bid fair to terminate in Phthisis Pulmonalis. Inflammation and suppuration now occurred in the Axillary Glands. Large quantities of thin bloody matter were daily discharged which appeared to relieve the lungs. Under these free discharges from the Axillary Glands, the evening fever, night sweats, expectoration and diarrhea disappeared and the patient improved rapidly so that in a few weeks she was able to set up and employ herself in reading, etc. The Aphonia continued until the 15th of September and then suddenly disappeared. She continued to talk in her natural tone for three days, and then as suddenly lost her voice again. A dry harsh cough now occurred every evening near dark and continued without abatement until allayed by anodyne. She continued in this condition with very little change in the symptoms, for the period of five months, setting up part of the day employing the time in writing stanzas on love and matrimony, and exhibiting her thoughts to her friends on paper as she could not converse with them on that all absorbing theme. During this period her spirits were good. By the support of an arm she could walk a short distance, but could not stand unaided, being disposed to fall backward when left alone. The excitement caused by walking produced hurried breathing, apparent syncope, with slight emissions of bloody fluid from the mouth. About the first of March, near nine months from the commencement of the attack, a new symptom made its appearance in the case. She complained of severe pain in the head, temples and eyes. The menses which had been regular for some time now ceased. Delirium in a mild form set in about four o'clock every evening and continued until relieved by sleep. In the morning the patient awoke calm and rational and continued so until the next paroxysm. The paroxysms of insanity occurred with great uniformity every evening until the fifteenth of the month, at which time the patient lost all power over the organs of the voice and could not make the effort to speak. On

morning of the sixteenth, the eyelids closed, and sound produced no effect on the ear. She was now deaf, dumb and blind. She remained in this condition for sixteen days, the functions of voice, hearing and seeing being entirely suspended. During this entire period, the fecal and urinary secretions were involuntary. The brain woke up, partially, about two o'clock every day and consciousness continued from periods of five minutes up to two hours. In these lucid intervals the patient had the power of the will over the hand and made known her wants in writing. She received impressions, by the person addressed, taking hold of her hand as it held the pencil, and writing such fact as she wished to know. She would read the sentence as it was being written and comprehend it with great rapidity. Often, in her efforts to obtain the knowledge of a fact, by her pencil, the only means in her power, the pencil fell from her hand, and that mysterious power of the will over the hand, and all consciousness of the outward world, returned into the mystic recesses, and there remained, until the brain again awoke from its lethargy. In these daily visitations of lucid intervals, the sense of touch, in the hand, was highly exalted. In its mysterious power it became the theme of the wonder-loving and the marvelous. Many of the friends and acquaintances, attracted by the miracles reported of my little patient, were presented to her, in her lucid intervals, and she was able, by merely passing the hand over their head and face, to recognize them; though, many of them she had not seen for months. She was able to read the title of newspapers, and the names on ladies' handkerchiefs, by merely passing the tips of her fingers over the letters.

To such extraordinary degree did she possess the power of perception and recognition, through the sense of touch, that many who visited her called in question her blindness. This doubt was removed by an examination of the facts in her case. Several Medical Gentlemen visited my patient in her anomalous nervous condition. On elevating the eyelid the pupil was found dilated and insensible to light. A lighted candle applied close to the eye produced no movement in the pupil. The lid fell so soon as the force employed to elevate it was removed. Noise, and the sound of a small bell applied close to the head produced no impression on the organ of hearing.

At the time the eye, ear and tongue, became cataleptic, periodical suspensions occurred in breathing. About every six hours the respiratory motions of the chest, ceased. The mouth closed and the whole system was quiet as in a calm sleep. During these suspensions, the catalepsy appeared to affect the system generally. The extremities would remain in any position they were placed in. The brain took no notice of impressions made on the lower extremities. At first the suspensions in breathing occurred in the daytime and continued to do so for several days. They then ceased altogether in the day and made their appearance at night, commencing soon after dark—returning at short intervals through the night. In this change the catalepsy appeared not to effect the clavicular spaces. Percussion over this region would cut short the suspensions, and bring back the respiratory action in the lungs and chest; but in no other point could impressions be made, or the respiratory action in the lungs be excited, during the cataleptic paroxysm. So soon as the paroxysm passed off, sensibility returned to the hands—but to no other part. The lower extremities gave no signs of sensibility or motion during the entire period of the catalepsy. Experiments were frequently tried, by sticking pins in the toes and feet, to wake up the sensibility, but failed. The cough and the emission of thin bloody fluid that had annoyed and harrassed the patient from the commencement of the attack, ceased, when the catalepsy appeared. In her lucid intervals, dysphagia troubled her very much. She requested that her friends should not give her any drink or nourishment as the spasms in the throat were so great she could not swallow. On the morning of the first of April, the catalepsy disappeared, and she awoke from her lethargy, and sight, hearing and voice returned in all their natural power and perfection. She conversed with her friends and appeared wholly unconscious of the time and the events that had happened since the attack of catalepsy. In the succeeding month, after waking up from the cataleptic condition, the respiration and circulation underwent many changes. At one time, breathing slow and without effort, pulse fifty per minute. In a few hours, pulse one hundred and twenty per minute, breathing quick and laborious. The brain was but little influenced by the rapid changes in the circulation and respiration.

She continued calm and rational during the month. About the first of May the hysteric symptoms returned again. Aphonia, irregular breathing. A red watery fluid exudes from the mouth—the slightest touch over the clavicular spaces excites cough that persists for some time unaccompanied by expectoration.

From the effect of carriage exercise, change of scenery and lively company her general health improved and in a few weeks she was able to travel. She made a visit to Cincinnati, O., and at the suggestion of some friends was placed under treatment of Mr. B. Wright, M. D., who had examined the case some months previous and before it had assumed the cataleptic condition. She did not however continue, very long, his patient. She soon became the patient of a little French mesmerizer, whose magnetic practice produced more successful results, than the practice of the Doctors of the Old School. The remedies proved to be more appropriate to the case—a combination of mesmerism and matrimony.

The patient very soon got rid of the train of nervous diseases that had persisted under the management of other Doctors and in due time gave testimony to the efficiency of the mesmeric practice. She continued to enjoy exemption from the nervous attacks to which she had formerly been liable, and is now in good health and the happy mother of two interesting little daughters.

She is a believer in mesmerism and is very extravagant in her praises of the Agent, as well as of the Doctor, who by its application, to her case relieved her of nearly all the ills that flesh is heir to.

In this case there was complete and persistent catalepsy of the lower extremities and of the organs of voice, hearing and sight for the period of two weeks, and periodical and partial catalepsy of the upper extremities for the same period. At one period in the case, flushed cheeks, evening fevers, hurried and laborious breathing—a harsh and continuous cough at night. Frequent exudition, of reddish fluid from the mouth. Purulent expectoration, night sweats, diarrhea and emaciation. Inflammation and suppuration of the Axillary Glands. For eleven months out of twelve had Aphonia.

DR. MILLARD, of Adaline, Ill., sends us the following scrap from his Case Book

EDITORS MEDICAL OBSERVER:—

I was called to St. Kitsmiller's in a case of excision of the left patella, the lower third. My patient was a boy aged fourteen years, in good health. The patella entirely cut through, there was but little hemorrhage, a clot was formed entirely filling up the wound before I arrived. After removing the clot, I adjusted the edges of patella and kept them *in situ* by stitching through the facia or membrane covering the cap, and brought the wound in apposition by ligature. My only reason for recording this case is that it is not a case of ankylosis as I anticipated. The knee joint seems perfect as before the accident. The synovia must have been discharged by the excision through the patella.

Z. R. MILLARD, M.D.

TRANSLATIONS.

ART. IV.—*On Diagnostical Errors in Gynecological Practice*, by Prof. Lumpe, of Vienna, (*Oestr. Feitschr. f. pract. Heilk.* 1 1856.)—Translated from the German Journals, for the *Observer*, by WM. KRAUSE, M. D., Cincinnati.

AFTER having briefly animadverted on the great number of difficulties, which are met with in private practice in making a minute examination, Prof. Lumpe directs the attention of the profession to the intermittent or permanent pains at the lower and lateral portion of the abdomen, so often the cause of complaint with females. The consulted physician is commonly but too ready to pronounce the case one of cophoritis, and to treat it accordingly with the antiphlogistic apparatus. The disease mentioned, however, is almost peculiar to lying-in women, it having seldom been observed in other patients. The following diseases are more often attended by pain in the region of the ovaries. The infarct of the uterus, its catarrh with or without excoriation and ulceration of its follicles, the fibroid tumors, the deviations of the uterus, when its ligaments or adhesions are stretched to some certain degree, and all those diseases of the uterus, tubes and ovaries,

which, when associated with local neuralgia, are commonly comprehended under the collective name of dysmenorrhea, the nature of which, however, it is but proper to say, can often not be ascertained, even by the subtlest examination. Again, excessive sexual intercourse not unfrequently deranges the action of the nerves in the utero-ovarian province to such a degree as to give rise to apparently inflammatory symptoms. Finally, the pains may be a sign of commencing carcinoma of the womb, peritoneum or ovaries.

It is self-evident, that the antiphlogistic treatment, usually resorted to in such cases, can afford no relief. Even actual cophoritis can not be cured by a few leeches or cups, which, moreover, are really injurious by aggravating the anæmic condition of the blood, the usual attendant upon diseases of the uterus and ovaries, while at the same time the appropriate attention to the disease, that really does exist, is neglected.

Another series of morbid conditions, frequently mistaken, are the pelvic tumors and those in the lower portion of the abdominal cavity. Also in this respect a monomania prevails among the physicians, to diagnosticate ovarian tumors, though these are certainly superseded in frequency by the fibroid tumors of the uterus. According to the author's statistics their proportion is that of 1 to 10. True, a mistake in either case, is practically pretty irrelevant, internal remedies being equally inefficient against both. How often, however, is the pregnant uterus taken for a product of diseased action, and, in the reverse, a pathological swelling for utero-gestation! In doubtful cases only a repeated examination and judicious appreciation of all the respective symptoms can guard against a fatal error, always due to ignorance or carelessness, except the real state of things be obscured by complications such as ascites, hydrops ovarii etc.

There are two points especially important to the practitioner, not sufficiently expert in obstetrical examinations, to protect him against diaagnostical mistakes. 1st, The infarctus uteri hardly ever attains without further degeneration such a size as to excel that of a uterus, containing a fetus of 3 months. 2d. Menstruation, continued during pregnancy beyond the 3d month, is such a rarity, that it is doubted by many altogether. As, moreover, the

diagnosis of pregnancy can not be made out with absolute certainty before the 4th month, when the presence of a fetus may be ascertained by palpation, it is certainly as unsafe as impolitic, to commit one's self before this time by any definite statement.

After this some practical hints are thrown out as to the diagnosis of the most frequent tumors of the womb, the fibroids. On perception of a fleshy tumor behind the os pubis it is before all necessary to examine whether it is connected with the uterus or not. In case the fundus uteri be felt from without, it can be known from tumors attached to it, only by a combined internal and external examination, which prove the equally proportioned enlargement of the uterus, which is found unchanged in form and mobility. Should the uterus be enlarged by a polypus in it, nothing but the uterine sound can detect it. If a pediculated fibroid tumor is situated at some peripheral part of the uterus, then he admits an error in diagnosis to be excusable. Also small fibroid tumors at the fundus uteri may be mistaken for an inflexion of that organ.

In order to obtain a reliable result by the internal examination it appears absolutely indispensable to fix the vaginal portion of the uterus by applying two fingers, the index and third at two sides of it, opposite to each other. Otherwise the uterus may escape the touching finger, if it possesses its normal mobility. Dislocation of the uterus and elongation of the vagina are signs, common both to large ovarian and fibroid tumors; to the latter, especially, when laterally attached or present in a plural number. An exception to this rule falls under observation only, when a single big fibroid on the middle of the fundus under the peritoneum depresses the sexual organs by ascending vertically into the abdominal cavity.

CASES OF POISONING BY CANTHARIDES.

BY DR. YAFFE, OF HAMBURG.

A ROBUST and healthy man, 40 years of age, of slight hæmorrhoidal disposition. phlegmatic temper and regular habits of life, married to a healthy woman, suffered from great apathy of his genital organs without ever having superexcited them either by natural or unnatural means. The want and imperfection of

erection ever since his marriage, had prevented him from exercising coition. Upon the advice of a kind friend he took two specimens of *Lytta vesicatoria*, pulverized, in brandy. Three hours after pains in the kidneys and stranguria set in and gradually increased in severity. On examination, nine hours after the poison had been taken, the tongue was found coated white, the patient felt nausea and vomited continually without exertion, the matter vomited consisting of mucus, remainder of food and unmistakable pieces of the wings of the Spanish fly. No pain about the throat or stomach, abdomen soft, hot and tender, violent paroxysms of cutting and burning pain in both renal regions, which were at the same time extremely tender. The pain alternated with similar sensations in the glans penis; stranguria and discharge of a turbid sanguine urine, sometimes of pure clots of blood; no erection; great restlessness; skin hot; pulse full and 80. Ordination: 4 powders of Camphor, 1 grain, and Opium 1-2 grain; Linseed tea for potus and enema: inunction of *Oleum camphoratum* et *Ol. Papaveris āā* on the abdomen. The most prominent symptoms disappeared within eight hours; the patient was discharged the next day. It is worth mentioning, that the patient's older brother, who had died of *carrinoma ventriculi*, had always been impotent even during the enjoyment of unimpaired health.

To the knowledge of the author, only two analogous cases have been reliably reported: the one by Dr. Podreni in the *Annali Universali di Medicina*, 1843, respecting a robust dancing master, age 32, to whom some of his friends administered 20 grains of Canth. by his meal. The symptoms were: Shivering, nausea, a feeling of burning constriction in the throat, deep prostration, stranguria, pains in the bladder, syncope, tremor of the limbs, total ischury, paralysis of the inferior extremities, cold perspiration, cyanotic color of the face, at some times priapism. *Aqua Canellæ Spirituosa*, Wine and Laudanum effected a cure.

The other case is reported by Lafitte in the *Rev. Therap. du Midi.*, 1853. A man of 21 years took 1 gramme (18 gr.) of cantharidine in two doses; soon after stranguary, increased secretion of urine, priapism, cardialgia, dysury. A camphorated emulsion removed the complaint, a vesicular eruption afterward appeared in the patient's mouth. Chocolate of Cantharidine is ex-

tensively used in France to excite the sexual propensities. It is said to have sometimes caused dangerous symptoms. A piece of it, dissolved in water, even vesicates the skin.

Poisoning by Cantharides, according to Poumet (*Annal. Hygiene*, 42) can not be proven chemically; the wings of the fly, however, can be detected in the matter vomited and the contents of the intestines. Dr. Giovanni Narda states as the results of his researches, that neither Cantharides nor Cantharidine act specifically upon the genital and uropoetic organs. Cantharidine passes unchanged into and from the blood, vesicating the bladder, prostrate a. s. f. Three to five Cantharides are in Poland and Hungary a popular prophylactic remedy for Hydrophobia, and are said always to be well tolerated (?) Each fly weighs from 2 to 2 1-2 grains.

C O R R E S P O N D E N C E .

DR. MENDENHALL:

Dear Sir:—I remember that, when I saw you last, I promised to transmit to you a report of three cases of poisoning by arsenious acid, which had occurred in my practice in 1852. The testimony elicited established the following facts:—

Jas. Cuthbert and family, consisting of wife and three children, Robert, aged eight years, William, aged six, and Mary Ann, aged two years, resided at the corner of Ferry and Second streets, in the city of Pittsburgh, on Sunday, the 4th day of April, 1852. John Cauly and wife, relatives by marriage, resided in the same house with Cuthbert and wife. The three children were robust and healthy, and had enjoyed good health up to the evening of 4th of April, 1852. The parents had no arsenic—no rat-killing stuff, nor any kind of poison, in the house, then, nor at other time. The mother prepared tea for supper; she boiled the water in a cast-iron tea kettle, which she carefully washed before filling it. The water was taken from a hydrant, which was used in common by this family and other families, adjoining their residence. When she put the tea-kettle on the fire, John Cauly was in the room or kitchen, and no one else was

there. Some domestic duty called Mrs. Cuthbert to an adjoining room, and in a short time Cauly called to her, saying that the kettle is boiling. She did not see Cauly touch the kettle. The tea was prepared in the ordinary way; was made out of tea, contained in a family canister, and sweetened with brown sugar from their common sugar bowl. This, with bread and butter, constituted the fatal supper. The two boys sat down first, and the little girl shortly after. In a very few minutes after drinking some of the tea, Robert said to his mother, "This tea is bitter," and almost simultaneously, William exclaimed, "Indeed it is bitter." Within half an hour they complained of a "nasty feeling" in the throat, became sick at the stomach, and vomited very much, and then purged. They complained much of a burning sensation and pain in the stomach and bowels, and through all their illness of uncontrollable thirst. In the meantime, the little girl manifested the same train of symptoms.

On Monday, the next morning, at 4 o'clock, my son, Dr. George L. McCook, in conjunction with Dr. Morgan, were called to visit the children. On his way thither, my son was met by Cauly, who said, "Hurry, or the children will be dead." On arriving, he found William dead, and Robert in a comatose and hopeless condition. He died at about 7 o'clock, three hours after his first visit.

He found the faces of the boys much swollen, and the skin mottled. On hearing the history of the parents, and being convinced that they had been poisoned, he sent for me. When I heard the history repeated, and witnessed the condition of the little girl, I concurred in the opinion that they were poisoned. On the *presumption* that they had been poisoned by arsenic, I prescribed, with the concurrence of the other gentlemen, the hydrated per-oxide of iron in large doses, frequently repeated and alternated with opiates, etc. This child lingered until Tuesday evening, and died convulsed. Whether the hydrated per-oxide of iron had any effect in postponing her death, I will not undertake to determine.

An inquest, without a *post-mortem* examination, was held, and the jury returned a verdict, "that the children came to their deaths from the effect of some irritant poison." However strange

it may seem, I not only assented to, but advised the burial of the children, without any previous analysis. In taking this course, I was actuated by the hope that the perpetrator of the crime, whom I had in my mind's eye, would be thrown off his guard, and present some stronger basis on which to found justifiable suspicion and process.

The future corroborated the propriety of this course. Moral evidence frequently tends to the implication of the guilty, and my mind looked strongly to this kind of testimony. I thought that I discovered in Cauly a peculiar uneasiness, and a guilty confusion of countenance. On two occasions I heard Cauly and wife speak in very harsh and disrespectful terms of Cuthbert. A day or two developed the fact that Cauly and wife had had some difficulty with Cuthbert about money matters, and was heard on one occasion to declare that he "would take satisfaction." In the meantime, it was ascertained that a woman, answering to the description of Mrs. Cauly, had purchased some arsenic from a druggist, but on the trial he was unable to identify her. It was supposed, however, that the moral evidence made out a *prima facie* case against Cauly and wife. On the oath of Cuthbert, they were committed for trial. At this stage, it became important that a post-mortem examination should be made for the purpose. Accordingly, on Friday, the 9th, five days after the administration of the poison, the coroner caused the bodies to be disinterred, and the examination to be made by Drs. Brooks, G. L. McCook, and Arthurs, in my presence. The bodies were, generally, livid; the parietes of the abdomen were of a very dark brown color; faces tumid; the cheeks, lips and hips of all the three were variegated; distinct patches of a bright orange color, interspersed with lines of a clear vermilion color, were apparent. This appearance was so novel and so peculiar, that they received my attention then, and have commended my consideration since. If an artist had contemplated such a design, he could not have delineated it better. I do not think that this novel appearance has ever been described by toxicologists; if it ever has been, my reading and recollection fail me. I will not undertake to explain their origin, but would respectfully ask the chemist whether this yellowness is the result of the sulphuretted hydrogen,

generated by decomposition acting on the absorbed arsenic? Was it orpiment? Inasmuch as the internal organs presented nothing different from ordinary poisoning by arsenious acid, I omit their notice.

The stomachs were safely secured, and marked for future identification, and taken by the coroner, under advice, to Prof. St. John, of Cleveland. An analysis of the stomachs and their contents, by a professed analytical chemist, was a *sine qua non*. The contents of the stomachs were submitted to all the various tests, and then the substance of the stomachs. The result proved that arsenious acid was detected in large quantities in all.

On the trial, *one link only*, in the chain of testimony, was wanting. It could not be proven that either of the accused had put arsenic into the tea-kettle. This created a reasonable doubt in the minds of the jury, and they were acquitted.

What does this report establish?

1st. That poisoning by arsenic is indicated by a pretty uniform train of symptoms.

2d. The importance and tendency of moral evidence.

3d. The existence of symptoms on the lips, cheeks, and hips, not heretofore noticed by writers on toxicology.

PITTSBURGH, January 7, 1857.

G. M. COOK.

USE OF BELLADONNA IN ARRESTING SECRETIONS OF MILK IN SWOLLEN AND PAINFUL BREASTS.

ST. PAUL, JANUARY 4TH, 1857.

EDITOR MEDICAL OBSERVER:

Upon reading Dr. Goolden's letter in my number of the *London Lancet* for October (not August), I resolved to make early trial of the remedy, and five cases have been furnished me of tumefied and painful breasts, not differing in any essential feature from those reported by Dr. G., in which the free use of extract of belladonna to the areola has acted like a specific in every instance. Once only did assistance seem required—citrate of magnesia having been given where protracted constipation obtained. Notes of the cases were kept without the remotest idea of publication, until I saw the article copied into the *Observer* for December. I hand you two extracts from my note book.

VOL. II. NO. IV—12.

Mrs. B. aged 18, child aged 11 months, commenced menstruating regularly five months after birth of child, catamenia not occurring on 12th Nov. when expected, together with the appearance of an obstinate diarrhea in the child, induced weaning, which was soon followed by distended and painful breasts. Ordered that the breasts should be well drawn and an ointment composed of ext. belladonna and simple cerate, two-thirds of the former to one of the latter to be rubbed upon the nipples and areola every two hours. Three hours subsequently, found breasts flaccid and free from pain, much to the expressed wonder of the lady, and the concealed surprise of myself. No re-filling.

Mrs. P. aged 21, having lost second child aged seven months, suddenly suffered with red, turgid and throbbing breasts, pain much aggravated by riding to the cemetery, two miles distant, temperature 12° F. below zero. The application of belladonna to the entire breasts was made in this case and complete relief was obtained in six hours. Extreme dilatation of the pupils with strabismus, was produced, which passed away soon after the administration of paregoric in hot brandy sling. This was the only case where other than the nipples and areola were anointed. Very Respectfully, SAMUEL WILLEY, M. D.

BOSTON, MARCH 5, 1857.

EDITORS MEDICAL OBSERVER:—

THE intelligent correspondent of the Boston Traveller in a recent letter from Syria, gives an interesting account of medical matters in Egypt, at the present time; and I propose to make some extracts from this correspondence. It is well known, that medical science made considerable progress, at one time, in this ancient seat of knowledge and art; but that long since, it was supplanted by superstition and charlatanry: and that at present not much is known of anatomy, surgery, or the science of the healing art.

The writer says— that, in cases of fracture, pieces of a certain kind of wood “are used as splints, the mysterious virtues,” of which, are thought more efficacious than the processes of nature.

In regard to medicine, he continues, "the doctors have no knowledge of *materia medica*, having never studied, however superficially, either botany or mineralogy, while at the same time being ignorant of European science, they are unable to follow the prescriptions of wiser men. Some few herbs, perhaps, they may use, whose virtues they have ascertained; but more generally, as I imagine, they have been adopted from accident or superstition—some old *Aboo-Aboo*, or father's father, having used it or recommended it back to unknown generations. But the *lancet* is used freely, and on all occasions; and horrible to relate, even in cases of cholera, as I witnessed the last autumn, when that terrible scourge passed over this place, and in four or five weeks carried away seven hundred people. Thus in the hands of death and the doctor the question was soon settled.

Sometimes the traveler will see pieces of rags hung upon all the branches of a tree, the design of which is not to frighten away the crows, but the diseases which might assail the family which makes so *costly* a votive offering; for generally the rags were needed in the house, foul and tattered as they are. From the same superstition fruit trees are seen marked with a black ring round them, to keep off the *evil eye* which would blast them.

Consumption, the scourge of the West, is hardly known in the East, and of fevers the intermittent is the most common, though typhus is not unknown, while rheumatism exists in any quantities. But *ophthalmia* and *leprosy* are the appalling diseases both of Egypt and Syria, the first the most frequent, and the latter as incurable without miracle as in the days of the prophets. Poor creatures! How often have they stopped me in the road, calling me *hakim*, or doctor, and soliciting relief! For they think that the *Kangi*, as they call all Europeans and Americans, are endowed with a healing power hardly less than omnipotent. Not long since, an intrepid English traveler who had accomplished the hazardous feat of ascending Mount Ararat, one of a party which first attained its summit, told me that when he reached the bottom on his return, the natives who were lame, blind, or affected with incurable diseases, rushed to him, begging most earnestly the exercise of his curative power, because his successful ascent proved he was "a prophet of God." In vain he protested, telling them

God only could heal them. "No, no," said they : "look at that brass ring round the lower end of your stick ; that contains the healing power, and only touch that to us and we shall be well." He had split the end of his pole in ascending, and to remedy the evil had bound it with a piece of brass wire he happened to have in his pocket ! But such were its virtues in the eyes of ignorance and superstition.

It appears that Mohammed Ali, the Viceroy of Egypt, among other reforms, established a medical school, under French professors, which made commendable progress, till his death in 1845, when it lost its vitality, together with other beneficent institutions. Recently, however, Said Pasha, the present viceroy, has reorganized this school, at Cairo, on a more extensive and liberal scale. Its regulations extend over a wide field of usefulness, and seem to be "the germs of Institutions altogether new in the East." It is to be richly endowed in all of its various departments. The following is the course of instruction.

"The instruction is to be divided into two branches: the medical and the pharmaceutical ; to which will be added such other instruction as may be required. The Professors may be natives or foreigners, who will be assisted by Adjunct Professors. The full course will embrace five years, which however, will not be equal to three in American Medical Schools, considering the small preparatory education of the Egyptian students.

The following sciences are embraced in the course of instruction: natural philosophy, chemistry, botany and mineralogy, especially in their relations to the medical art ; descriptive anatomy, physiology, hygiene, pathology, medical and chirurgical clinics, and pathological anatomy.

The five years of study will be divided as follows:

SECTION OF MEDICINE.

1st year—Natural philosophy ; inorganic chemistry ; geology and mineralogy.

2d year—Natural philosophy ; inorganic and organic chemistry ; botany ; zoology and anatomy.

3d year—Anatomy ; physiology ; surgery ; pathology ; materia medica and therapeutics.

4th year—Pathology ; clinics ; pathological anatomy.

5th year — Clinics continued ; chirurgical anatomy ; medical inspection ; ophthalmology ; hygiene, and medicine.

SECTION OF PHARMACY.

1st year — Natural philosophy and natural history, embracing geology and mineralogy.

2d year — Natural philosophy, botany, and elementary chemistry.

3d year — General chemistry; pharmaceutical chemistry: and pharmaceutical exercises in the pharmacy of the hospital.

4th year — Analytical chemistry; materia medica; and pharmaceutical exercises continued.

5th year — Analytical chemistry; materia medica; pharmaceutical exercises, and pharmaceutical responsibility.

The students of both sections are alike required to pursue the course of pharmacology.

It is also stated that the government not only makes the instruction gratuitous, but furnishes the food and clothing of the students, and pays to such a certain sum of money. This is truly more liberal than France. Let us hope that medical civilization may be co-ordinate with other tolerations in this historic land. It may be added also that the Sultan has established a medical school at Constantinople. The late Eastern war has certainly been the means of a diffusion of medical knowledge among the Moslems; "who believing in an inevitable fatality, awaited the approach of their last hour in a stern defiance of death and bitter contempt of the doctor."

A Committee of the Councillors of the State Medical Society has been appointed to take into consideration the formation of a "Medical Relief Society for indigent and disabled Physicians:" also a similar committee has been named by one of our medical associations, for a like purpose. Such societies have their existence; and we hope for the honor of our city and State we shall not be behind in this matter. Other professions have their Relief Associations; and why should the physician whose life and energies have been spent in assuaging the pangs of disease, and yet receives not the generous sympathy of the community, be left to eke out his last existence in penury and want? I believe that the majority of the fraternity would be ever ready to assist a worthy recipient, when age or infirmity had rendered him unfit for professional labor.

Our State Legislature has under consideration the subject of

establishing an Asylum for Inebriates. One of its advocates sums up the necessity of such an institution, in the following words :

1. Intemperance is a physical disease.
2. It is curable in the great majority of cases.
3. The greatest existing difficulty in effecting a cure arises from the extent of the temptation to which the criminal is uniformly exposed.
4. The best remedy for this state of things is to confine the inebriate, with a view to avoid this temptation, and to adopt such measures as shall tend to his cure.
5. The subject has been advocated by some of the best minds, such as Dr. Bush, Dr. George Combe, Dr. Woodward, Dr. John C. Warren, and many others.
6. Already such a plan has been started in New York, and has received the sanction of the Legislature.
7. Considering the subject both physiologically and morally, there should be such an institution in Massachusetts.
8. In a pecuniary point of view, such an institution would save money.

Dr. Jeffries Wyman, Professor of Comparative Anatomy in Harvard University, together with several other gentleman, sailed, a short time since, for Surinam; where they intend to spend some six months in scientific research, in the collection of specimens of natural history, for the contemplated Museum of Zoology, at Cambridge.

The City Physician reports that as near as he can ascertain, there have been vaccinated, during the past year, between ten and eleven thousand; 2,062 being at his office: and that the number of supplies of vaccine to physicians is 683. A city regulation requires that the physician shall vaccinate the poor who may present themselves, free of charge; also that he shall supply the physicians of the city with vaccine, gratuitously. No child can enter our schools without a certificate of Vaccination.

We have been entirely exempt from Small Pox during the last six months: yet during most of this time, an epidemic of Scarlet Fever has prevailed, carrying off about five hundred persons. This would seem to show that the two diseases are antagonistic to each other. Can it be that the one supplants the other?

If we had the same protection against Scarlatina as Variola,

the question would assume a different aspect. Some two or three of the Professors of our Medical College have recently resigned, which seems to foreshadow the formation of another school, at Cambridge, in conjunction with the Scientific Department of "Old Harvard."

At the monthly meeting of the Suffolk District Medical Society, last Saturday evening, a committee was appointed to see whether any more legislation is needed, to arrest the increasing practice of criminal abortion; and to take measures to bring the subject before the American Medical Association. This is an important matter, and I may speak of it hereafter. Respectfully,
B.

EATON, O., MARCH 19TH, 1857.

J. A. MURPHY, M. D.:—

Dear Sir:—In reply to Prof. Lawson's "Inquiries," in the March No. of the *Observer*, I would say, that I have been consulted during the past week by a gentleman, now in the last stage of Phthisis, who had the small-pox a few years since. He has evidently had the small-pox severely from the external marks still remaining.

Phthisical symptoms made their appearance about eighteen months since, and I should judge the case would terminate prior to the 10th of May, at furthest.

In regard to the second inquiry, I have a case in my mind's eye, in which well developed Phthisis, under the use of Cod Liver Oil, together with generous diet and free exercise in the open air continued for many months, has either disappeared or become latent, as two years have elapsed since the treatment was discontinued. She has enjoyed good health since that time and has recently married. Yours truly, JOHN H. HELM, M. D

P. S.—If a more detailed statement of the first case would be desirable, it can readily be obtained. H.

REVIEWS AND NOTICES.

The Constitutional Treatment of Female Diseases. By EDWARD RIGBY, M. D., Fellow of the Royal College of Physicians, Senior Physician to the General Lying-in-Hospital, Examiner in Midwifery at the University of London. Philadelphia: Blanchard & Lea. pp. 256.

THIS work does not claim to be a complete one on the diseases of women. As a strictly practical book, it has some claims to a favorable consideration, and yet we by no means consider it as brought up to the present time. It belongs to the conservative order, but which, in spite of the author's antipathies to modern uterine pathology has become somewhat *tinctured* with progressive views. While it may be read with advantage by the junior brethren, it contains very little but what every reasonably informed medical man ought to know, and we are at a loss for any very good reason why it should have been republished in the United States, except on the presumption that everything which makes its appearance on the other side of the water ought to be reproduced here as superior. The following opinion is certainly rather behind the state of knowledge in this country. In speaking of the treatment of prolapsus uteri, he says:

"I have frequently seen the uterus keep up merely by removing from it the pressure of the abdominal contents, by means of 'Hull's utero-abdominal supporter.'"

He does not inform us how the said supporter acts, and we have yet to learn that pressure on the side of the abdomen can prevent the intestines from pressing upon the contents of the pelvis. It is too ridiculous, and we can not imagine how such men can be deceived. It is a physical impossibility. Take the book all in all, it is worth possessing, but it can not take rank as a very superior production.

For sale by Truman & Spofford. Price \$1. o

Medical Notes and Reflections. By SIR HENRY HOLLAND, Bart., M.D., F.R.S., etc., etc., Fellow of the Royal College of Physicians, Physician in ordinary to the Queen, and Physician in ordinary to his Royal Highness Prince Albert. From the third London Edition. Philadelphia: Blanchard & Lea. 1857. pp. 498.

IN his introductory remarks prefatory to the first edition of his book, Sir Henry Holland says: "The title of this volume is chosen as being that which most nearly express its contents. Though appearing now as detached papers, they are founded chiefly upon notes made in the course

of twenty years of medical practice in London. During nearly the whole of this time, I have been accustomed to preserve notices, not merely of particular cases, but also of such general reflections as were suggested to me by actual observation. At the expiration of the period named, I have thought it well to look back upon these various memoranda, to give something of more definite form to those which seemed worth preserving, and to compare the whole, as well with my own present impressions, as with the actual state of knowledge on the several subjects in question. This volume is the result of a revision and selection so made." Beyond the idea conveyed in the title, *Medical Notes and Reflections*, and this extract from the Preface, it would be difficult in moderate limits to convey an adequate notion of Sir Henry Holland's Book. We have *thirty-one* chapters on very various, but very interesting medical topics, being truly the author's own notes and reflections upon these subjects. When we mention *Gout as a Constitutional Disease*, *The Medical Treatment of Old Age*, *Prognosis as a Part of Practice*, *Some supposed Diseases of the Spine*, *Some Points in the Pathology of the Colon*, *The use of Emetics*, *Diluents*, *Sudorifics*, *Opiates*, *Mercurials*, etc., etc., *The Hypothesis of Animalcule Life as a cause of Disease*! as a few of the subjects of these thirty-one chapters, it will be seen what a wide range of important topics are embraced. The position and eminence of Sir Henry Holland will insure the fulfillment of his hope—that the profession may be benefited by his reflections.

For sale by Truman & Spofford. Price \$3.

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The First Lines of Grammar, etc., etc. By GOULD BROWN, Author of the Grammar of English Grammars. New York: S. S. & W. Wood.

The Institutes of English Grammars, methodically arranged, etc., etc., etc. By GOULD BROWN, Principal of an English and Classical Academy, New York. "Ne quis igitur tanquam parva fastidiat Grammatices elementa." Quintillian. New York: S. S. & W. Wood.

THE Messrs. Wood, of New York, are largely engaged in the publication of valuable professional and school books; they have sent us the two little volumes above indicated, which are only different grades of the same work. Brown's Grammar comes to us highly recommended, and we judge its arrangement is well adapted to the easy comprehension of learners. Very many of our medical friends throughout the country, are engaged in the control and management of our public schools, and to all such we commend this series.

†

EDITORIAL AND MISCELLANY.

CINCINNATI ACADEMY OF MEDICINE.

THIS body held its first meeting for organization Thursday evening, March 5th, in Bacon's Building, cor. 6th and Walnut. A general plan was adopted, and officers for the ensuing year elected. By unanimous voice the venerable R. D. Mussey was chosen President of the Academy. It is hoped the Cincinnati Academy of Medicine will excite a greater degree of vigor and energy in the regular medical profession of our city, and afford a common forum where its members may assemble for harmonious and honorable rivalry and deliberation upon all topics pertaining to the interests and progress of Medicine. Imitating the plan of the Academy at Paris, and the New York Academy, as well as the custom of our National and State Medical Societies, the scientific meetings of the Cincinnati Academy will be open to such of the public as may wish to be present. It is believed that the public discussion of medical questions can not fail to exert a healthy influence upon public sentiment, and disabuse it of many absurd prejudices. Those who have been active in this new organization, contemplate no antagonism to other existing Medical societies of this city; there are many doubtless who will cheerfully contribute their labor and influence to securing the success of the Academy who will prefer also to retain their connection with some of the private medical clubs of the city; this is all right, there need not be and should not be any feeling of conflicting interests in this matter. Here is an ample and open field for all the regular profession of the city to work in. We sincerely trust there will be a cordial and united rally in behalf of this enterprise. The success and influence of the Academy depend upon this hearty co-operation; its decisions, its expressions of sentiment must represent the sentiment of the profession, and not the sentiment of some fraction of the profession. †

CONTRIBUTIONS are on file from Drs. Casselberry and Byford, of Evansville, Ind; Translations by Drs. Bruhl and Krause; and a report from Dr. Haughton, Secretary of Wayne Co. Ind., Medical Society, mailed 10th of March, received 24th.

THE MEDICAL, LITERARY AND SOCIAL INFLUENCE OF THE ALUMNI
OF THE UNIVERSITY OF PENNSYLVANIA.

An Introductory Lecture, delivered in the University of Pennsylvania, October 14th, 1856. By HENRY H. SMITH, M. D., Professor of Surgery. Published by the Class.

WE have had much pleasure in reading this introductory lecture. It has called up many pleasant associations connected with the Medical history of this country. And yet we must admit a certain degree of disappointment in what we believe to be numerous omissions. We can not give our sanction to permit Prof. Smith to be *the* exponent and advocate of "The Medical, Literary and Social Influence of the Alumni" of this time honored Institution, for which he assumes to speak. His mental vision seems to be very limited, or some cataract obscures the clearness of his view. Speaking on behalf of the Alma Mater of so large a portion of our Medical community we certainly have a right to expect of him great care in collecting his materials and an extended and liberal plan of treating the subject. Has this been done? We think not. In speaking of its "well known Alumni" and enumerating many meritorious medical men we find the name of one among us, who certainly occupies as high a position as any, entirely overlooked; a gentleman connected with the same department of medicine as the author and who has shed luster on American Surgery. A venerable man of nearly four score and who is yet in the habit of regularly teaching, lecturing and operating. We need hardly say that we allude to Prof. R. D. Mussey. We regret to say that this is not the first offense of the author against the history of American Surgery as connected with this illustrious man.

In referring to the list of Professors of the "various Medical Colleges" we find him again at fault. New York, Philadelphia, New Orleans, Saint Louis, Nashville and Richmond are all glorified while in one Medical College in this city there are four Professors, who are Alumni of the University of Pennsylvania; while in another there is one if not two who claim the honor, neither of which are even alluded to in any way. Perhaps, it may be said we are obscure and therefore easily overlooked, but we well remember when the author was a candidate for the chair he now holds, nearly, if not quite, every gentleman of the faculties of these schools were appealed to in his behalf, as *Alumni* of the school, to sustain him in his claim for the position he sought. Again we find an omission of the translator of Renouard's History of Medicine; and of the author, or if you please compiler of the Medical Student's Vade Mecum,—the latter published in Philadelphia. We should not have complained of the omission of these works were it not

that those of like character with Philadelphia names as authors or editors connected with them are carefully enumerated. If the omissions to which we have alluded were accidental it is inexcusable; if intentional a harsher term should be used. When a Professor of this ancient school *assumes* to speak for her Alumni we have a right to expect a more faithful discharge of his duty. We may reasonably suppose that injustice has been done to others from the few cases we have noticed, but do not now propose to seek any further, leaving such omissions to those under whose notice they may more immediately come. °

MISSING JOURNALS.

IN making up our files of last year (1856), and preparing the volumes for the binder, we find a good many missing numbers, making our sets imperfect. We will be greatly obliged to our friends who exchange with us, if they will send us these numbers, so far as they can, without inconvenience. We shall be very glad to extend the same favor to those who have broken sets or missing numbers of the *Observer*.

American Medical Monthly—January, February, March, May, October, of 1856, and February, of 1857.

New York Journal of Medicine—March and July.

American Journal of Pharmacy (Phil.)—January.

Medical News and Library—April.

Phil. Med. and Surg. Journal—January, May, July, and August.

New Orleans Med. and Surg. Journal—March.

American Journal of Insanity—July.

Boston Med. and Surg. Journal—Vol. 55, No. 10.

Medical Counsellor (Columbus)—Vol. 2, Nos. 18 and 22.

Nashville Medical Journal—March and August.

N. W. Medical and Surgical Journal—February and September.

Medical and Surgical Reporter—September.

Atlanta Med. and Surg. Journal—January, July, August, October.

South. Med. and Surg. Journal (Augusta)—Jan., Feb., March, May.

Iowa Med. Journal—No. 3 of Vol. 3, for March and April.

Medical Examiner—January.

MEDICAL CHIRURGICAL REVIEW.—The first two numbers of this new Journal—*Medical Examiner and Louisville Review* combined—came to hand at the same time. We expected to see a *live journal*, and

have not been disappointed. It must certainly be very gratifying to the editors, Prof. Gross and Prof. Richardson, to be greeted by such general and hearty commendation from the medical journals and medical profession of the country. The *Review* shows that *work* has been put upon it, and we hope it will meet with the success it deserves. It is published by J. B. Lippincott & Co., Philadelphia. Price \$4 per annum. †

“PLEASE REMIT.”—Although very improperly, yet it seems to be one of the vexations incident to conducting a medical journal in this country, to be continually asking for *dues*. It is very unpleasant to be reminding our patrons of this matter, and we hope they will promptly remove the necessity. We have reached the fourth month of the year, and have already met heavy outlays for paper, engraving, printing, etc. We have had our own shoulder to the wheel all along, and now feel justified in calling upon Hercules. We have received many new subscribers, with the cash, but a large number of our old ones have not remitted as promptly this year as they did last; and we still have quite a number of *unpaid names* on our list for last year. We think this sufficient on this point, our friends will be thoughtful enough to bear this matter in mind, and *remit promptly*. The worst punishment we should wish any of our delinquents, would be to have the various cares of a medical journal on their shoulders for about one month. †

A GEOLOGICAL RECONNOISSANCE OF TENNESSEE. — We thank our friend Dr. R. H. Johnson, of Memphis, for a large pamphlet with this title. It is prepared by James M. Safford, A.M., State Geologist, Prof. of Natural Science, in Cumberland University, Lebanon, Tennessee, and for whom we still retain pleasant recollections associated with the *mystic tie* in days gone past. †

COMPLETION OF TODD AND BOWMAN'S PHYSIOLOGY. — The concluding portion of the “*Physiological Anatomy and Physiology of Man*,” by Drs. Todd and Bowman, has just appeared in London. Messrs. Blanchard and Lea announce that this great work will be put to press by them immediately, and will be ready for sale in a few days.

PROF. MUTTER AND THE PHILADELPHIA COLLEGE OF PHYSICIANS.—It will be remembered that this distinguished gentleman made a very liberal offer to the “*College*” about a year ago, to bestow upon it his valuable museum, and a fund of \$30,000 as the endowment of a

Pathological School in connection with that Institution. Last fall Prof. Mutter left this country for Europe, and about that time a paragraph appeared in the journals, expressing the regret that he had failed to complete the arrangement for fulfilling his proposed design. The last number of the *Medical News and Library* contains a full letter from Prof. Mutter, dated, Nice, December 29th ult., and explaining that the "failure" was not owing to any fault on his part, but from negotiations being only completed between him and the College of Physicians, just on the eve of his departure, and too late for his final action then. He gives abundant assurance that his cherished plan will yet be carried out in good faith, and expresses deep mortification that a suspicion otherwise had been implied. We have had a strong desire to see such explanation on the part of Prof. Mutter, and gladly put it on record. †

IODOFORM.

A NEW preparation of iodine, discovered by Sevilas and more especially brought to notice by M. M. Dumas and Bouchardat, possesses properties which promise to make it a valuable addition to our means of employing, with benefit, this important therapeutic agent. It presents itself in a solid state, in the form of small pearly particles, of a sulphur-yellow color, friable, soft to the touch, and with a very enduring aromatic odor. It contains more than nine-tenths of its weight of iodine. It is sweet to the taste, and is not corrosive.

It destroys animals in a smaller dose than iodine, after having produced more or less depression, and rarely produces vomiting. This depression is followed by a stage of excitement, convulsions, contractions, etc. Iodoform does not produce the least local irritation, not producing the slightest increase of vascularity of the mucous membrane of the stomach and bowels.

Its therapeutic properties are thus arranged: 1. In consequence of the large quantity of iodine which it contains, it can replace iodine and the iodides in all the cases in which these are indicated. 2. It is absorbed with the greatest facility. 3. It has the advantage over all other preparations of iodine of never causing any local irritation, or any of those accidents which render the suspension of iodine necessary in certain cases. 4. In addition to the properties it enjoys in common with iodine, it has advantages peculiar to itself: it allays pain in certain neuralgic affections, and produces a sort of local and partial anæsthesia of the rectum, when introduced into that organ. 5. It may be given in doses of from five to fifty centigrammes a day. 6. The principal diseases

in which it has been employed with advantage are endemic goitre, scrofula, rachitis, syphilis, certain affections of the neck and bladder, or of the prostate, and certain neuralgic affections. 7. It forms, with the greatest facility, most important pharmaceutic preparations.—*Arch. Gen. de Med.*

SECONDARY SYPHILIS TREATED BY A NEW PREPARATION OF IODINE.

THE object of the paper of Mr. Christophers is to introduce to notice a new compound, which, combining the good effects to be derived from iodine, is devoid of its disadvantages—a preparation which, he says, has proved valuable in curing cases of secondary syphilis which had previously resisted the beneficial action of iodine in all its usual combinations and forms—a preparation, moreover, which does not produce the evil effects of iodine in those constitutions with which that substance is known to disagree. The preparation or compound is named “liquor cinchonæ hydriodatus,” and contains in one fluid drachm of liquor, twelve grains of cinchonæ flav., and one grain and a half of iodine, in the form of hydriodic acid. Of this, the dose varies from one to three drachms, from which Dr. C. has not found any of the evil effects arise which smaller doses of other preparations of iodine have been known to produce. While using this compound in some of the successful cases treated, he also employed the hot-air bath, to which he attached much importance, in order to produce profuse sweating, and always with marked good effect. Indeed, he says he does not know a more potent remedy for intractable and inveterate cases of secondary syphilis than this is. This preparation is produced by exhausting the powdered bark with an aqueous solution of hydriodic acid; then with water; and the liquor is subsequently evaporated to the above bulk.—*Lancet.*

INFLUENCE OF VACCINATION ON THE RATE OF MORTALITY.

It will be remembered that vaccination, within a few years past, has been charged with increasing the mortality in France. It is asserted by the advocates of this new doctrine that, since the last century, the mortality of France, between the twentieth and thirtieth years, is doubled, and that this increase in the number of deaths is owing to the greater prevalence and fatality of *typhoid fevers*—that vaccination only spares life to make more food for that form of fever. Statistics, however, show that the general mortality in France, between the twentieth and thirtieth years, far from having doubled, or even increased, has, not only at that period, but at all ages, diminished since the eighteenth century.

DR. G. C. E. WEBER.

WE are pleased to learn that Gustav C. E. Weber, M.D., of this city, has been appointed Professor of Surgery in the Cleveland Medical College (O.), in the place of Professor Ackley. Dr. Weber is a son of the eminent German Anatomist of that name. The rare advantages which he has enjoyed for acquiring a knowledge of his profession were not allowed to pass unimproved, as his occasional contributions to this journal abundantly prove. He was in the enjoyment of a large practice in this city, and was justly esteemed one of our most promising surgeons. He will prove a valuable accession to the Cleveland school.—*N. Y. Jou. of Medicine.*

IODINE INJECTIONS INTO OVARIAN CYSTS.

THE treatment of ovarian cysts by the injection of solutions of iodine, is decidedly gaining favour with the London profession. Most of the cases which have been seen, have been treated by Dr. West and Mr. Paget in St. Bartholomew's, and one is now under that of Dr. Barnes, in the Metropolitan Free. In none, we believe, has complete success been obtained; but it has been thought that, in most the tendency to refill has been decidedly restrained. By repeated operations, probably some of the cases may be cured. In none have, we believe, any serious symptoms ensued. In general, the attempt to drain out the solution, after a few minutes, has been made; but in several in which this could not be accomplished, from four to six ounces of the pharmacopœial tincture has been left in without ill consequence. Two fatal cases—one in the provinces, and one in London—have come our knowledge, in which the ascites was mistaken for ovarian dropsy, and the solution injected into the peritoneal cavity. In some cases, the difficulty of diagnosis is extreme.—*Med. Times & Gaz.*, Oct. 18, '56.

NOTICE.

A PHYSICIAN, wishing to close up an established practice of many years standing in one of the most beautiful villages in Southern Ohio, will relinquish his situation in favor of a *first rate* Physician, who will purchase a desirable residence at its cash value. Educational, religious and social advantages are of the first order. Please address—"Editors of *Medical Observer.*"

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THE CINCINNATI MEDICAL OBSERVER.

CONDUCTED BY
DRS. GEO. MENDENHALL, JNO. A. MURPHY, AND E. B. STEVENS.

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ORIGINAL COMMUNICATIONS.

ART. I.—*A Monograph on Ovarian Tumors; with an extended view of Ovariectomy as a means of cure.* By T. M. TWEED, M. D., of North Liberty, Ohio.

[CONCLUDED.]

THE RADICAL CURE OF CYSTIC DROPSY BY OVARIOTOMY. — Ovariectomy is apparently an easy, although a very dangerous operation. Nothing can be more simple than making an incision from the ensiform cartilage to the pubis; it is done at any *post mortem* examination; but the effects of such an opening in the living subject, are fearful in the extreme, and in many instances, fatal.

In the present state of our knowledge, opening the peritoneal cavity is no longer considered to be an operation of necessity fatal, and it does not require a number of experiments, like those of Dr. Blundell's, to put the question at rest. Nearly three hundred cases of ovariectomy are already recorded, and the results of these cases, it will be our duty to investigate.

Before we admit the legitimacy of an operation like that under consideration, we must distinctly determine three questions, which are of the utmost importance, and to these we shall now direct our attention.

I. *What is the common course of ovarian dropsy, and what the result of its ordinary treatment?*

II. *What are the results of those cases in which the cyst has been extracted.*

III. *And what is the fair conclusion to be deduced as to the*

practicability of the operation, on a review of the two former questions?

Before entering upon these questions, it will be proper to be thoroughly acquainted with the opinions held by those who are worthy of our confidence. We do not wish to place much stress upon individual opinion, and especially where it has not been formed by actual experience; but we do hold that the opinions of our predecessors, and those who have obtained eminence in their profession, are worthy of some consideration and reflection.

The operation of the extraction of cystic tumors is only of recent date in England, though practiced successfully in the United States nearly fifty years ago. It is slowly, but surely, taking its position among the acknowledged legitimate operations of Surgery.

It is said to have been proposed first by Vanderhaar, and afterward by Delaporte, Moraud, and Logger. It was first undertaken by L'Amonier of Rouen, and afterward, in 1809, successfully performed by Dr. McDowel, of Kentucky. The operation was performed at Edinburgh, by Mr. Lizars, in 1823, who was unable to find a tumor; and in 1826, Dr. Granville of London, operated on a patient but was unable to remove the tumor. Since that time, about three hundred patients have been operated on with variable success. About one in four of all the known operations have proved fatal.

Mr. Clay and Frederick Bird, of England, have operated oftener than any other two men in the world.

Prof. Atlee, of Philadelphia, has operated oftener than any other American surgeon. Next to him in the number and success of his cases, was the late Dr. Buckner, of Cincinnati.

Sir Charles Bell thought the dangers arising from the operation itself, were quite sufficient to deter the surgeon from undertaking it.

It is the opinion of Dr. W. Hunter that excision ought not to be attempted; he says, "It has been proposed indeed by modern surgeons, deservedly of the first reputation, to attempt a radical cure by incision and suppuration, and by the excision of the cyst. I am of the opinion that excision can hardly be attempted, and that incision and suppuration will be found by experience, to be

an operation which can not be recommended but under very peculiar circumstances."

Mr. Lawrence thinks extirpation of the ovarium is an operation so likely to kill the patient, that he does not think it advisable to proceed to it.

In the opinion of Liston, these operations are exceedingly unjustifiable.

Prof. Meigs even goes so far as to say, that "operations for the extirpation of the diseased ovary, are not to be justified by the most fortunate issue in any ratio of cases."

And, Dr. Seymore, who has written on diseases of the ovaria, states that the arguments against such an operation are numerous and strong, and the probabilities of success, very small. He says: "If the tumor be not large, or the woman's health unbroken, she may live many years, — as long as is allowed to humanity, in the enjoyment of a tolerable existence. If the health be much broken, the cure of so large a wound, in a weakened constitution, would be difficult, if not in the majority of cases, impossible."

"If connected with scirrhus in other parts of the body, it is inadmissible; and if the growth itself be of the nature of fungus hærmatodes, all experience tells us that, should the patient survive or the wound heal, the disease will recur in other vital organs of the body. Nor do its difficulties rest here; when these growths enlarge to a great extent, they must frequently adhere, *and then the operation is out of the question*. If all these exceptions then are estimated, the case which remains, in which such risk is advisable, and such an operation feasible, with any fair chance of a happy result, is rare indeed."

These, then, are some of the opinions held by men high in the profession, upon the subject of ovariectomy. The authorities which favor it, will be considered when treating of the operation itself. We will, so far as we have the ability, produce every fact within our knowledge, both for and against the radical treatment by extirpation, and endeavor to form a just estimate of its practical value. In a matter so momentous to the interests of humanity, and of such transcendent importance to science, any other course would be criminal.

I. *What is the ordinary course of ovarian dropsy, and what the result of its usual treatment?*

This question has been examined to some extent in a preceding part of this paper. But we must now descend to particulars. As before stated, this disease is most common in, and usually attacks patients about, the prime of life, when the sexual organs are fully developed, and their functions in a state of excitement. When once established, it continues to increase, and in half the cases, terminates in death in two years. Ninety, out of one hundred and twenty-three, died in four years, leaving only thirty-three patients, or not quite one in four, to survive that period.

In order to prevent this severe mortality, the means already referred to have been introduced into practice, and we have seen with how little success, even as a palliative measures. We have shown that paracentesis has the preference as a palliative; that is, the lives of some patients have been more prolonged by the operation than by any other treatment. It now becomes us to inquire, whether or not this is the *usual* result.

It is admitted by all that this operation "is the beginning of the end," that it will require repetition during longer or shorter periods; exhaustion or inflammation, produced by the operation itself, generally terminating the case.

In unilocular cysts, this operation may be repeated several times, without producing serious results; and while the disease retains this character, it may be relieved for many years by the operation; but experience demonstrates that the tendency of these unilocular cysts is to produce others upon their inner surface, and when this is effected, the danger of the operation is greatly increased.

There can be no doubt that, as in the cases mentioned, tapping does prolong for a considerable period the lives of some patients; but all will agree that, after the first tapping, the necessity of the operation becomes much more frequent, the re-accumulation of fluid being more rapid, until the patient is worn out by disease.

In order to ascertain the mortality following this operation, and the extent of the benefit derived from it, we have collected a table of forty-six cases in which the results were recorded. Of these 46 patients, 37 died, and 9 recovered, and are supposed to be liv-

ing. Of the 37 patients, more than half died within *four* months; 27 of the 37, died within one year; and of this number, 18 were only tapped once. This exhibits a great mortality, not only to the operation generally, but to the first tapping in particular. Admitting the nine cases reported to have recovered, were all perfect cures, we have more than five deaths to one recovery; and it is more than probable, that most of those nine ultimately died of the disease.

It may be said, that in these cases, the disease itself would have proved fatal, had not paracentesis been resorted to. In many, no doubt this remark holds good, and some would have fallen a sacrifice; but when considered as a means of cure, these data furnish a pretty just estimate of the value of tapping.

We are aware that our conclusions do not correspond with those of many practitioners. The old notion of the harmless nature of paracentesis, and the perfect safety of its frequent repetition, is an incorrect one; and referring to individual practice we find, that for one of the extraordinary cases that survive fifty or sixty tapings, many die, and that in a very short period.

At the very best, then, tapping is a very dangerous means of palliation; when had recourse to it must be frequently repeated; and the relief afforded between each operation, becomes gradually less, and the dangers consequently, greater. These are reasons — strong and persuasive — for seeking some other mode of treating ovarian dropsy, that will promise more hopeful results.

II. *What are the results of those cases, in which the cyst had been extirpated?*

Dr. Blundell, nearly fifteen years ago, instituted a number of experiments to show that the peritoneum might be opened with comparative safety, and stated it to be his opinion, that abdominal surgery would be better understood, and that the extraction of the ovary would become a legitimate operation. Gastrotomy, since that time, has been performed more than two hundred times, and the results are before the profession in the form of tabular statements. The statistical researches of Lee, Churchill, Atlee, and Buckner have been published, and a reconstruction of the Tables is unnecessary; the more so, as we are assured, that the ratio of

mortality attending the operation has steadily diminished, with the multiplication of operations.

But even here we must be cautious in our judgment. While we may rest assured, that we have all the successful cases, are we quite certain that we have a full report of those which have proved unsuccessful?

To this inquiry we regret that we are compelled to give a negative answer. Mr. Philips states, "I have heard particulars of other *five* cases, of which at least *three*, were unsuccessful; but I can not venture to use them. As any honorable man should be equally ready to publish his unsuccessful cases, we may look for the authentic particulars hereafter."

This opinion is confirmed by Dr. F. Bird, who says, "It is deeply to be regretted that the profession were unable to form any correct opinion on the subject [Ovariectomy] from motives that could not be too strongly censured. Unsuccessful operations had been most carefully suppressed, while those in which a happier termination occurred, had been hurried into publicity, even before the patient had been fully recovered, and while the ligature was still contained in the abdominal cavity. Within the last few weeks, the abdomen of a patient had been laid open, in which no tumor was contained; in another example in which the operation had been performed, death had been ushered in with all the symptoms of strangulated intestine; in another, in which the abdominal section had been employed, the patient had quickly died; yet were all these cases carefully concealed, while those in which recovery had taken place, were made the subject of daily advertisement."

The writer of this Essay is aware of three cases, all of which proved fatal shortly after the operation, but of which no authentic particulars have as yet been published. Let the scorn and contempt of all honorable men, rest upon such shameful and criminal concealment! As long as such a selfish spirit as this actuates medical men, so long must we hope in vain to arrive at a final or correct judgment; for the deaths not recorded, would make a material difference in the ratio of mortality.

So complete is Dr. Atlee's analysis of the statistics of gastrot-

omy, that it would be a work of supererogation to review the whole ground occupied by his labors. It is sufficient for our purpose to state that the statistics indicate a rate of mortality equal to twenty-five per cent. This result, of course, includes all the exploratory operations; for they were commenced with the view of completing them, had circumstances justified it. They involved the section of the peritoneum, and the consequent hazard of the complete operation.

What strikes us as very remarkable in the statistics, is the great number of cases in which, from an error of diagnosis, the surgeon has been compelled, after the operation was commenced, to abandon it. And this is one of the most serious arguments against the operation. Lizars, Clay, Walne, Dieffenbach, West, and other distinguished surgeons have committed this grave error. Indeed, the tables show, that two out of every eight patients submit to the abdominal section, when the tumor can not be removed on account of adhesions, or when in fact no tumor is to be found.

It has been stated that ovariectomy exhibits a less degree of mortality, than most of the acknowledged capital operations. If this be true, it is a valuable argument in favor of the procedure.

Malgaigne has shown that out of 852 amputations of the extremities of all kinds (including those of the fingers and toes), which were performed in the Parisian Hospitals, from 1826 to 1841, 332 died, or about four out of every ten proved fatal.

Among these, out of 201 amputations of the thigh, 126 died, or six in every ten; out of 192 amputations of the leg, 106 died, or five and a half in every ten; out of 91 amputations of the arm, 41 died, or four and a half in every ten. Of the amputations of the thigh, in 46 cases the operation was performed for severe injury of the limb; of these 34 died, or more than seven out of every ten.

At the Glasgow Infirmary, the mortality in cases of amputation, is four in every ten; and at the Edinburgh Infirmary, five in every ten.

Mr. Philips has collected the histories of 171 cases in which the large arteries were tied; of these, 57 died, or about three and a half in every ten. Sir A. Cooper, in his work on Hernia, records 36 deaths in 77 operations for that disease, or nearly five in

every ten. These are a few of the recorded results of some of the capital operations, and we find that the ratio of mortality in them, is even greater than in ovariectomy. But, perhaps, this is not a fair comparison, because in the operations named, there is a necessity compelling the surgeon to act immediately (in many cases) whatever may be the co-existing circumstances ; whereas, in cases of ovarian disease, no such necessity exists. The health of the patient may be good ; many live a considerable period—on an average, four years ; but if the operation is fatal, it is so in a few hours, or days at most.

In all the numerous cases recorded as having undergone the abdominal section — without a removal of the cyst, the cause of failure has been the want of a correct diagnosis, either as to the nature of the tumor (some being omental and others uterine), or the extent and complication of the adhesions.

It is of the utmost importance, that a correct opinion be formed, as to the nature and extent of the adhesions which may connect the cyst with the peritoneum or the abdominal viscera. The question hence arises, are there any means by which this complication can be ascertained ?

If we study the experience of the past, I fear we shall come to the conclusion, that this complication can not always be accurately ascertained before the operation ; for surgeons the most cautious and skillful have been deceived, and adhesions found in cases where they have been least suspected.

There are some presumptive signs, which, after a careful examination, may become very valuable.

When an ovarian sac has attained a size, which is productive of great inconvenience and distress to the neighboring organs, the parietes of the abdomen become greatly attenuated, and the space between the recti abdominalis is much enlarged ; this is well seen if the patient be told while lying on her back, to raise herself into the sitting posture, without the aid of her arms ; and if the sac within be free in its motions, it will be protruded through the space between the recti muscles, and present an oval enlargement. But, supposing the cyst to be intimately adherent in front, no such bulging will take place. We have tested this sign in several instances, and remarked the truthfulness of it.

Another indication of this sort is valuable, and that is the action of the diaphragm upon the tumor. If the measurement of the abdomen be obtained after the patient has taken a deep inspiration, and again, after a full expiration, we will find that the two measurements frequently vary an inch or two, *when the cyst is free*; showing that the diaphragm, in the inspiratory movement, had driven down the unattached cyst, while the expiratory effort allowed it to repossess its original position in the abdomen.

Again, by placing the hand upon the abdomen, and with the fingers grasping the parietes, we may frequently feel that the movements of the cyst are unconnected with those of the Abdominal walls; and this is much more marked when an ascetic fluid is present; here, also, a sudden tap will allow the fingers to come in contact with a hard substance below, proving that a space exists between the tumor and walls. When ascites is present, the sac is usually free from adhesions.

The position of the pelvic viscera gives great assistance to the elucidation of the diagnosis.

If the bladder is free, and after being emptied of urine, is filled with air by means of an elastic tube, it will pass above the pubis, and can be detected by the resonant sound it produces on percussion; thus proving that no adhesions in that position prevent its ascent. The uterus if perfectly free, can be thrown by the uterine sound upon the rectum, or to either side, showing that the cyst is unconnected with it. Another test which has been resorted to, with the view to detect adhesions to the pelvic viscera, is to place the patient on her knees with the shoulders lower than the pelvis;—in this position, the tumor is thrown by gravity into the abdomen, and toward the diaphragm, and by examination per rectum and vagina, we may almost certainly determine whether adhesions exist.

If no adhesions exist, the tumor will have receded and left all the pelvic viscera free. But if they do exist, either to the rectum, uterus, or bladder, the weight of the tumor will drag with it the organs attached, which may readily be determined by the finger; and if adherent to the peritoneum lining the pelvic cavity, it is recognized by the fact, that we are unable to raise the tumor above the brim of the pelvis, by pressure made through either the rectum or vagina.

Another important test of adhesions, is tapping. If there be any doubt of this complication, before the operation of extraction is recommended, the patient should be tapped a few weeks previous to the operation; by this means we are enabled to ascertain whether adhesions exist or not, especially if present in the anterior parietes of the abdomen. On the withdrawal of the fluid, the walls of the abdomen have a drawn and puckered appearance, and are observed to follow closely the contracting cyst, while the cyst itself does not descend into the pelvis. This is observed when adhesions are present. Whereas, when the cyst is free from adhesions, it may be found after the evacuation, low in the pelvis, forming a hard tumor, while the walls of the abdomen remain free. If now the tumor is grasped through the flabby and relaxed walls of the abdomen, and lifted up from the pelvis, we have pretty conclusive evidence that no adhesions exist, either to the walls of the abdomen or pelvic viscera. After we have obtained this information, the cyst may be allowed to refill, and its extraction proposed.

A fine example of this character came under the observation of Dr. Buckner; and by the means already described, he detected adhesions and solid matter. He remarks, "The patient was very desirous to undergo the operation of ovariectomy, but fearing extensive adhesions, I tapped her, and drew off thirteen gallons of fluid of albuminous character. The walls of the abdomen were distinctly seen to follow the contracting cyst. A solid mass which was present proved that the cyst could not from the adhesions, pass down in the pelvis, for it remained stationary on both sides, and above the umbilicus; the operation was therefore abandoned. She was tapped several times subsequently, but finally died; and a post-mortem examination revealed extensive adhesions, and fully proved the correctness of our diagnosis, and the propriety of declining the operation of extirpation."

Adhesions are supposed to exist, if the "crepitus" pointed out by Dr. Bright is present. But they may exist and no such sensation be produced. In some cases this sound is very distinct, while in others it is not so, and therefore it can not be relied on.

It has been thought that the history of the case, would throw some light upon the existence of adhesions; that they might be

traced to some inflammatory attack, and that after such an attack, they were to be apprehended.

Mr. Philips says, in an admirable article on the subject, that "the crepitating sign pointed out by Dr. Bright, is only present when the adhesions were recent ; and as to the motion of the tumor with the diaphragm, considerable adhesions may exist, without much interfering with it. Our main reliance is therefore upon the signs of peritonitis ; if the evidence is clear that peritoneal inflammation had existed, it is probable that adhesions were present, but we may find adhesions where there has been no reason to suspect peritonitis. Still extensive adhesions, in the absence of symptoms of peritonitis, are by no means common. It is then mainly upon this point, that we must rely before proceeding to the operation.

The size of the cyst, and consequent pressure on the surrounding parts, can not account for adhesions being present, since we know that ovarian sacs of equal size or greater magnitude may exist, although no such morbid connections are formed.

The mobility of the tumor was considered indicative of the non-existence of adhesions. This is always a very favorable sign, and shows that the tumor is not closely connected with the surrounding tissues ; but extensive adhesions may exist even in this state. Dr. Clay, in his second case, met with this difficulty ; he found the tumor quite movable in all directions, except for a few inches anteriorly, where he supposed it to be adherent ; but on making the incision for the operation, the tumor was found to be adherent in all directions.

From these observations we find, that all the usual signs by which we endeavor to discover the existence of adhesions, are not always to be relied on. If the tumor protrudes between the divided recti, it does not indicate the absence of adhesions *posteriorly*, although it may be depended on as far as the anterior surface is concerned.

And last of all, even the mobility of the tumor is not to be depended on, for it may be readily pushed from one side of the abdomen to the other, and yet there may exist adhesions so strong, that they require a scalpel for their division.

But although the dependence on these symptoms singly, may lead us into error, the combination of many of them, will gener-

ally be conclusive. Supposing the patient, when rising by her own exertions, protrudes the cyst as an oval, bulging tumor through the space left by the separation of the recti; that on a deep inspiration, the tumor is pressed downward toward the pelvic cavity, and then recedes on an expiration; that the bladder is free, and can ascend into the anterior part of the abdomen, when filled with air; that the uterus and rectum are found free, and can be moved at pleasure by the finger or uterine sound; that all crepitation is absent, and the tumor tolerably movable; then we may with satisfaction say that adhesions do not exist. An additional evidence would be, if the patient had previously been tapped, the entire disappearance of the sac after the operation.

Some state, that after tapping the sac usually adheres to the puncture of the parietes of the abdomen; but this is not correct. It may occur, and no doubt does, in some instances, but not generally.

Besides the complications of adhesions, another important fact ought to be borne in mind in the treatment of these tumors: *viz.*, the frequent concurrence of other organic diseases. A reference to the statistics will show that in numerous instances, one or more of the viscera were greatly diseased; consequently, in those cases, the operation ought not to have been performed. The average proportion of such complications, was one in thirteen cases, — and where they existed, the mortality was thirteen in seventeen.

In all such cases, the operation is not to be justified; and we must charitably conclude that the operations in the cases referred to, could not have been aware of the complications, or they would not have undertaken them. The diagnosis was not accurately ascertained, and the results were fatal.

We have now, at the risk of repetition and prolixity, presented our views of the History, Diagnosis, and Pathology of ovarian tumors; and considered, also, at some length, the relative value of certain methods of treatment. The motives for this repetition and prolixity, will be better appreciated by the young practitioner, when he refers to the standard text books, and finds a few pages only devoted to so important a subject; and, especially, when he remembers that a few sentences from his medical teacher, comprises his whole education in the premises.

The different modes of operating in cystic dropsy, will next claim our attention.

There are two methods of performing ovariectomy, designated the Major and Minor operation. All operations, in which the incision varies from two and a half to six inches, are denominated minor, while where it exceeds six inches, the title of major operation is fully justified. These two modes of operating have divided surgeons into two classes,—those who favor the large incision, and those who prefer the small. The arguments of those holding to the major operation, appear very plausible, although the results presented by statistics are not so favorable as those arising from the minor section.

The advantages of the major operation, are said to be, that there is sufficient space for the operator to perform his manipulations; that the adhesions can be seen and cut through by the scalpel, instead of being torn by the hand: that the cyst can be removed entire from the abdomen, thus preventing the escape of fluid into its cavity—which circumstance is said to be a great source of mortality in the minor operation; that the fleshy masses connected with the cysts can be removed without difficulty, whereas, in the minor operation, they can not be removed at all; and that if any blood or fluid escape into the cavity of the abdomen, it can be removed without injury, which is almost impossible in the minor operation. These are circumstances which the experienced operator can appreciate, and if he should not be blinded by undue fears of peritoneal inflammation, he will be sure to estimate highly such palpable advantages.

The objections raised to the major operation are, that in the majority of cases, the incision is unnecessarily long; that the same end can be attained by milder means; that from the extent of peritoneum exposed, there is more liability to inflammation; and that there is a greater liability to the escape of the intestines, and consequently, a greater tendency for them to take on inflammatory action.

The principle of the minor incision, is to make as small an opening as possible through the parietes of the abdomen and peritoneum; seize the sac with a volsellum, so that it should not recede when it is tapped; then puncture the cyst and evacuate the fluid; draw the sac

through the opening, tie the pedicle, and detach it. This operation is admirably adapted to that form of the disease, in which the cyst is single, and uncomplicated with fleshy matter, and in a great many cases, this point can be pretty readily ascertained; but when adhesions to any extent exist, when the sac is multilocular, or when there is a large quantity of hardened substance, it would be impossible to withdraw the sac through a small opening.

Mr. Jefferson was the first person in England who adopted the small incision. In 1833, he operated successfully. The incision he used was about two and a half inches long; and after evacuating the fluid with a trocar, the sac was drawn through the incision and a ligature applied to the pedicle; the cyst was then removed. This mode of practice has been adopted by King, Lane, West, Philips, Bird, and many others.

On referring to the Tables we find, that of 85 patients where the large incision was employed, 50 were cured, and 35 died, making a mortality of *one* in *three* nearly; in 23 cases where the small incision was used, 19 were cured, and 4 died, making a mortality of nearly *one* in *six*. From this statement, therefore, we should arrive at the conclusion, that the small section is much more favorable to life than the large one.

We must remember, however, that many of the cases which were operated upon by the large incision, were quite unfit for the smaller operation; and, therefore, the patients would have been left to the natural course of the disease, had not the major operation been performed. Again, a vast number of the cases presented the complication of strong adhesions, existing between the sac and parietes of the abdomen, which could not be overcome by Mr. Jefferson's mode of operation. And, lastly, we must bear in mind, that where the large section was used, the cases were more severe, and the complications greater, than in those of the other operation;—from this cause alone there would of necessity be a greater mortality.

On the other hand, instances are recorded, where the boast of the operator has been the “entire” expulsion of the cyst, after the large incision had been made, without adhesions or complications. *In such cases, would it not be better to employ a smaller section, and forego the triumph?* But to conclude, if after mature

deliberation, and frequent examination, we are led to the conclusion, that the case under treatment, is one which presents a fair chance of success, if subjected to the operation, while, if it remains without surgical interference, the patient may die, the surgeon should not follow any particular plan laid down by his predecessors; but if the cyst can be extracted by the minor operation, it is the safest and best procedure. Again, if the minor section is commenced, and difficulties present themselves, nothing can be easier than the enlargement of the incision; thus giving the patient a chance of being cured by the safer operation, and, if it fail, we may still proceed to relieve her by the major operation.

Although it has been stated that the cyst should be removed entire, without rupture or tapping, we do not see very peculiar advantage to be derived from this procedure. It is true there may be danger of the fluid escaping into the abdominal cavity; but this accident will scarcely occur, if the cyst is carefully punctured, and due caution used in securing the opening by a ligature. We may then proceed to finish the operation.

III.—*What are the legitimate conclusions to be deduced, as to the practicability of the operation, upon a review of the subject?*

1. We have ascertained that ovarian dropsy is not so harmless a disease as some imagine; that, in fact, under ordinary treatment, it is very fatal. More than half of the cases recorded, actually die—a large proportion of the others are reported only to be relieved—and only one in five recover.

2. That not only is it fatal, but that it is much more rapidly fatal than is generally supposed. The tables show that more than one-half, or sixty-three in 124, patients, die in less than two years; and more than half of these (viz, thirty-eight) died within twelve months from the commencement of the disease.

3. That tapping, which was formerly considered the only mode of palliating the disease, is a very dangerous remedy. In a table composed of thirty cases, fifteen died within four months after the first operation, and twelve of the fifteen did not undergo a second tapping. In a table of forty-six cases, collected by Mr. Southam, twenty died after the first tapping. Sixteen of these cases died within one month of the operation, and ten of these sixteen died in seven days after the evacuation of the cyst.

4. Supposing the danger of the first tapping to have been escaped, we find that the fluid re-accumulates rapidly, and that the intervals between the operations become greatly diminished, while the quantity of fluid is increased, so that its remedial powers hardly compensate for the dangers which attend its performance.

5. We must remember that in some cases, paracentesis can be borne frequently, and life can be preserved in a tolerable state of comfort, for many years, under the careful performance of the operation. But these cases are rare, and should be regarded as exceptions to the rule.

6. That the operation of tapping ought only to be performed under one of two circumstances, namely, either early, when the cyst is unilocular, or when the tumor is producing serious pressure upon vital organs. In no case, except under the latter circumstance, ought a multilocular cyst to be punctured, because the relief given is so trifling, and the dangers of paracentesis are so much increased, in this form of the disease.

7. That medical treatment produces only slight benefit. It may arrest the progress of the disease for some time, but very rarely effects a cure. Pressure as a remedy, prevents the cyst from enlarging rapidly.

8. That ovarian disease sometimes undergoes a spontaneous cure, by the rupture of the cyst, through the agency of ulceration, and the discharge of its contents into various outlets of the body.

9. That from the difficulty of curing the disease by the usual modes of treatment, the operation of the extraction of the cyst has been proposed, and performed nearly three hundred times, with average mortality of twenty-five per cent. .

10. That in these three hundred operations, more than sixty, or about *one* in *five*, were unfinished, either from the extent of adhesions—from the tumor being uterine or omental—or from the fact that no tumor existed; proving, most indisputably, the great difficulty of correct diagnosis.

11. That the diagnosis is very obscure, as regards adhesions, and the character of the tumor; that adhesions existed in forty-six of eighty-one cases, and in six of the eighty-one there was no tumor.

12. That the mortality of the operation was greater where adhesions were present, than where they were absent.

13. That the disease is often complicated with organic disease of other viscera.

14. That the principal recorded *causes* of death, where it took place soon after the operation, are hemorrhage and peritonitis ; but the cases are too few to be relied upon.

15. That when death takes place in consequence of the operation, it is very rapid. Of thirty patients, where the time is mentioned, fourteen died within thirty-six hours, and twenty-five within a week.

16. That the character of the disease is of importance with regard to the mortality. In the extraction of hard tumors of the ovary, the mortality was more than fifty per cent. ; while in those cases where the tumor was composed partly of fluid, and partly of solid matter, the mortality was less than thirty-three per cent. We conclude, therefore, that encysted tumors are much more favorable for the operation than hard or fibrous tumors.

17. That the mortality of the major operation is considerably greater than that of the minor section.

18. That in some cases the tumor is malignant; but that encysted dropsy is not, in the ordinary sense of the term, malignant, and that it may be removed without any tendency to malignant disease appearing subsequently in the pedicle.

CONCLUDING REMARKS.—We have now, so far as our limited researches will permit, placed the subject of Ovariectomy in its proper position ; we have, without any bias for, or prejudice against, the operation, exhibited the results as derived from reading and experience. We have endeavored to show that paracentesis and the ordinary modes of treatment, are unsatisfactory in their results, and only to be relied upon as palliative measures. And we have proved that Gastrotomy, or the excision of the cyst, affords the most rational ground of hope for a permanent cure ; but whether this, or some other mode of treatment, will supersede the palliative measures, the general sentiment of the profession must decide. If a conscientious statement of principles and facts, will aid in bringing about this decision, we shall feel greatly re-

warded for the labor bestowed upon this subject. Let those, whose position entitles them to give law to the profession, either allow that this operation is justifiable, or that it is not. If the results of its performance prove it to be legitimate, we may proudly boast the possession of another remedy for the alleviation of suffering humanity ; but if not, then let all the powers of an enlightened profession be exerted to destroy this means of evil.

In the majority of cases which came under notice, it is our opinion, deliberately formed, that the operation is most decidedly unjustifiable. The operation is not to be proposed where the diagnosis is not clearly ascertained. In many cases, as before observed, the diagnosis is very difficult, and, perhaps, in some hardly to be given with certainty. In such cases ought the surgeon to operate ?

We are, also, of the opinion that in some instances the operation is very justifiable. In encysted tumor, which has enlarged to such an extent as to demand active interference, or, when a unilocular cyst has been under treatment for some time, and is becoming multilocular by the addition of secondary or tertiary cysts upon its inner surface, then the operation is to be proposed and performed.

In such cases, if the diagnosis is clear ; if it is believed that adhesions are absent, after the symptoms already pointed out have been intelligently inquired of ; and if the health of the patient is good, the surgeon is bound to extend to her the last aid of his art, and remove a tumor, which, if allowed to remain, tends inevitably to her destruction. He should, however, first carefully and honestly lay before the patient the dangers she must undergo ; he should inspire her confidence by the relation of cases of successful extirpation ; but he should, also, inform her of those less fortunate. He will thus acquire a confidence, which will be found very useful in the after-treatment, and upon which may depend the favorable result of the operation. If the cyst is single and uncomplicated with fibrous matter,—if the powers of life are active, and the spirits buoyant,—if the operator is skillful, and the after-treatment carefully attended to,—a successful issue may be anticipated.

Ovariectomy, however, is an operation which ought not to be

sought after. If it is to be the means of introducing surgeons into notice, it will be fearfully abused. We have known at least two operators, who devoted a large portion of their time to visiting various parts of the country, seeking cases, and operating upon all, almost, indiscriminately. We have reason to believe that they are ignorant alike of the anatomical relations of the disease, and its diagnostic character; and yet their reprehensive adventures in surgery, have been blazoned in the village newspapers, and may ultimately find their way into the eastern medical journals. Such unprincipled charlatans should receive no "quarter" from the regular profession; their conduct deserves and should receive the unmitigated scorn of all honorable men.

The treatment after the operation is of great importance, as upon it very greatly depends the success of the operation. The plan of Dr. F. Bird—and he is one of the most successful operators—is a very simple but efficacious one. Its object is to place the skin in such a situation as to enable him at any time after the operation to cause profuse sweating. This is to be accomplished by elevating the temperature, and causing the patient to eat a considerable portion of ice; this at once produces free perspiration, and the patient is placed in comparative safety. If, however, pain in the abdomen comes on, the pulse becomes quick, and the moisture of the skin less; he again produces a higher temperature, giving ice, and continues to do so until the perspiration returns. The patient requires constant watching, and she ought not to be left for many days. The urine should be drawn off with the catheter, when not voided regularly; the bowels should be left undisturbed for several days, and then moved by enemata rather than by cathartic medicines. The diet must be restricted to toast, tea, rice and barley water, etc.

Before closing, we again urge that medical treatment should have a fair trial; for we should remember that this, and most other surgical operations, are the result of a deficiency in the *ars medicina*, and that the knife should be avoided in all cases where it is possible. That surgeon will be regarded as the greatest benefactor of the profession and the world, who will suggest some method by which the disease can be cured, without resorting to the terrible and hazardous operation of the excision of the cyst.

ART. II.—*Specialties and Specialists.* By W. H. BYFORD, M.D.,
Evansville, Indiana.

SPECIALTY in medicine has reference to practice, in some particular disease, or the diseases of some organs, or class of organs. Obstetrics or surgery either alone can not be considered a specialty, as the profession generally understands the term, because each embraces too extensive a range of subjects. Perhaps obstetrics would come the nearer. Diseases of the chest, eye, ear, in practice, and orthopædy in surgery, may be considered specialties, with propriety. A specialist is one who practices a specialty. There are two sorts of specialists, as there are of general practitioners, viz: scientific and quack. The scientific physician who is thoroughly educated in the profession and from preference, accident or aptitude, devotes his attention to more particular subjects in medicine or surgery, and uses no improper or dishonorable means to procure business, is engaged in a proper and laudable pursuit, and while he is benefiting himself and the community in which he practices, may do as good service in advancing the honor and interests of the profession—probably more—than one of the same capacity, and acquirements whose attention is diffused over the whole expanse of our vast science. This sort of specialist, is one of our common fraternity, and his acquirements are amenable to every honorable professional requisition. He should be encouraged. The quack specialist is simply a pretender, an impostor, and abomination in the eyes of every honorable man, in and out of the profession.

After all the discussion I have seen in the journals on the subject of specialties, I think there is not so much objection to them as to the character of the specialist. The fact that quacks try and actually pass off their imposture better in specialties than in general practice, would seem in some measure to justify the too sweeping denunciations against these particularities. The success too, which quack specialists sometimes meet with, may have the effect of seducing well-informed, but sordid men of science, from the sphere of professional propriety. But while great evils result as things now stand, from the pretenders in specialties, great good may and ought to come from the cultivation by scientific men of

knowledge of some particular subject connected with our profession. Why is it that dishonest pretenders succeed better in specialties than in general practice? The greatest field for imposture, certainly in the West, and I presume among other parts of the country, is in diseases of the eye, and hence it may be well to look at the causes of their success in the diseases of this organ. I do not mean by success their excellence in cures, but in getting employment and money. "Eye doctors" itinerant and local are common among us all over the West, and it is a shame upon the intelligence of the people to say, but it is true, that they cheat their patients out of more than the man of science earns by his earnest toil. Another question by way of answering the first, which I know everybody who does me the honor to peruse my communication, can answer as well as I can. Is there not great deficiency of correct practical information on diseases of the eye all over the West in the profession. Now I will suppose this question to be answered in the negative. Then it is an evil we can not correct perhaps at all, it is beyond our reach until the people are educated to know their interest better, and this probably experience alone will do. If, however, the question is answered in the affirmative, then the profession to a certain extent is responsible for it and may apply the remedy. And in this connection I will ask every graduate how much time was you required to study diseases of the eye in the lecture-room, or in any way at college? How many lectures did you have, and how long were they on the anatomy, physiology and pathology of the eye? How many questions were you asked about the important diseases of that complex and delicate organ? Ten per cent., five per cent., or even one per cent. of the whole of these interesting exercises? If you are a practitioner I would like to know what proportion the teaching bears to the requisitions of your practice in this respect? By the time these questions are all answered, I think we may have an inkling of a part of the causes at least, of the prevalence of quackery in this specialty. Still looking at the question as answered in the affirmative, I would remark, that when all of the profession are educated up to the times, on every subject connected with our noble calling, there will be no room for imposture. Exposure and discomfiture would almost, if not quite, immediately

follow the attempt to practice it upon the community. We may trace back the evil I think to the fountain head—our colleges and educators. And here I desire it to be understood that I do not blame our professors with the present state of things, but members of the profession generally, for not requiring a correction of the evil. As colleges are organized, each professor has more work than he can do *well*. Let there be more chairs, embracing among them any portion of our science, that is of sufficient importance to require a thorough knowledge of it, for success in practice and the credit and improvement of the profession, and demand a thorough acquaintance with all the different subjects taught, as a condition of graduation. If diseases of the eye, ear, or any other organ, constitutes one tenth of a man's practice, how uncomfortable he must feel, how unprofitable to his patients and discreditable to the profession he must be, if deficient in this respect. It is all very well to teach general principles. They are indispensable to the intelligent explanation of the *modus operandi* of medicines and disease, but young men must learn to apply them in detail, and this they can not do unless our profession is taught in all its minutiae, and they *will* not, unless their professional parchment license, as well as their success in practice, depends on it. Such teaching and requirements would, so far as practicable, do away with the demand for specialists, and effectually put a stop to the mass of quack specialists. Now the specialties are the fruitful fields from which pretenders reap their richest harvests, and inflict the severest injuries upon the honor and interests of the profession. They would also remove the temptation to scientific physicians who might pursue any of them to overstep the bonds of professional propriety. They would be held in wholesome check by the general information of the profession, embracing an intelligent understanding of any subject they might select, and they would be required to attain a higher degree of professional knowledge before they could be entitled to preference in any branch. In this manner they would unquestionably be, as some now are, an honor to the profession, and a blessing to their kind. I hold that all members of the profession, individually and collectively, are alike responsible for the educational deficiencies in the profession, and must move for educational reform together, that the journals

and their associations are the mediums through which their influence should be felt in the proper places. Much good has already been done, and is now going forward in the broad current of literature which is flowing through them all over the land, but more is yet to be accomplished.

As my paper, Messrs. Editors, has already grown to larger dimensions than I anticipated in the commencement, I will conclude by expressing the hope, that these suggestions may elicit the services of able pens, and more influential members of the profession, in what I consider an interesting and important subject.

ART. III.—*Case of Placenta Prævia*. By A. S. PALMER, M. D., of Brooklyn, Cuyahoga Co., O.

' IN the Spring of 1851, I was called in great haste to visit Mrs. P., who considered herself to be within two weeks of the full period of utero-gestation, in her fifth pregnancy. She had a profuse discharge of blood, but which had nearly ceased before my arrival. On examination, the os uteri was found closed, and that portion of the uterus within reach of the finger, soft and spongy; which, together with the profuse hemorrhage, led me to believe the placenta was inserted over the os, and that it might give me much trouble in the delivery.

The bleeding entirely ceased, and as there was no immediate danger apparent, I enjoined rest and a simple diet, and left with a request that I might be immediately notified, should the bleeding recur.

Five days after I was notified that she was "bleeding to death." I found her sitting on the side of the bed, partly in a recumbent position, supported by an attendant; her face was pale, countenance ghastly, pulse quick and feeble, a large quantity of blood on the floor, and a constant discharge from the uterus. She was at once placed in the horizontal posture, twenty drops of wine of opium was given, and I introduced into the vagina a sponge of sufficient size, wet with a weak solution of sulphate of zinc, so as to press firmly against the os uteri. Pieces of cotton cloth were also introduced, so as to fill up the vagina completely,

and a compress and bandage applied, so as to press firmly over the os externum. The bleeding soon ceased, and a small portion of brandy and water soon rendered her comparatively comfortable. Ten drops of the wine of opium were administered every eight hours, with a generous diet and brandy and water occasionally; the compress and bandage had to be removed when it became necessary to urinate.

In about eighteen hours the labor commenced, the pains soon became severe; and the blood began to trickle through the compress. The removal of the sponge was followed by a large gush of blood. I found the os uteri dilated two-thirds of the size required for the delivery, and the placenta presenting centrally. As the woman was failing from the rapid loss of blood, immediate delivery by turning was decided on, with the view of saving both mother and child. I carried the hand up, and separated a portion of the placenta from its attachments, ruptured the membranes, and found the feet presenting, which greatly facilitated the operation. They were grasped, and the woman was in a very short time delivered of a living child. The placenta soon followed, the uterus contracted firmly, hemorrhage subsided, her system soon reacted, and I left her quite comfortable. Thirty-six hours after, she was attacked with phlebitis, and died on the eighth day. No *post-mortem* was allowed.

From my experience, cases of placenta prævia^r are extremely rare, having met with but two in a little over sixteen hundred deliveries. One of these was partial, the other complete. I can easily understand the position and feelings of the practitioner who encounters one of these presentations for the first time; they are exceedingly embarrassing. My object in presenting the above case, is to impress upon the younger members of the profession what I believe to be the importance of the plug, which has, in a measure, fallen into disuse, from the want of a proper adaptation. I use a fine sponge of sufficient size, which has been saturated with a weak solution of sulphate of zinc, so as to produce coagulation; this I apply firmly to the os uteri, fill up the remaining portion of the vagina with pieces of sponge or cotton cloth, and then apply a compress securely held to the parts by a bandage.

TRANSLATIONS.

ART. IV.—*Selections from the German Journals, translated for the Observer, by W. KRAUSE, M. D., Cincinnati. Injury by Lightning, by DR. SEGGERSTEDT. (Hygeia, Tom. xv., p. 736.)*

A PEASANT, while working in his field, was struck by lightning. He fell to the ground as if dead. Affusion of cold water, however, restored him to life, yet he remained paralyzed, nor could he hear or speak. The lightning, which fired his straw hat and clothes, had struck the upper end of the cartilage of his left ear, where it left as fine a hole, as if made by a glowing-hot sewing needle. Clear, cruentous serum escaped from the same ear, a blue line, about a line long, and dentated and fimbriated at its sides, was found along his neck. It increased in width on his chest and epigastric region, so as to resemble marmorated paper. Two burns were seen on the breast, one on his abdomen, near the umbilicus; all, however, small and superficial. His eyes were uninjured, the pupils of natural size and action. The whole left part of his body was paralyzed; on his right side nothing but the arm movable. When attempting to speak, he could utter only some unintelligible sounds; the pulse was full and regular on both sides. After the application of leeches, purgatives, vesicants in the neck, inunction of ammoniate liniment with tincture of cantharides on the paralyzed parts, infusion of arnica montana, with tartar emetic internally, and injections of a solution of half a grain of the acetate of strychnia in four ounces of the same infusion into his ear, the man recovered in a few days, so far as to be able to rise in his bed, which he left after three weeks' treatment. His speech gradually returned, but a moderate degree of deafness remained. Sometime afterward, however, he met with no difficulty in resuming his labor.

On Dacty Lostrangalis, Strangulatio Digitorum.

BY DR. WEISSE.

Director of the Hosp. for Infants in St. Petersburg (Jour. f. Kinderkr. 3, 4, '56).

WITH the above name the author designates a strangulation of the fingers of the hand and foot, an allusion to which he believes

to have met with before in some medical journal, and which he had himself the opportunity to observe repeatedly. The strangulation is caused by a loop of hair, the finger inflames, swells, and becomes extremely tender. Within the last six months he saw the two following cases :

1. The child of a confectioner, 3 years of age, presented such a strangulation just at the joint of the second and third phalanges of the right middle finger. Both phalanges appeared brightly red, swollen around the joint and hot. Between them a narrow, suppurating groove, encircling the joint, could be seen, and several hairs braided among each other at the bottom of it. After being elevated, they were cut. A loop, formed by a single hair, was found also around the ring finger. It lay, however, superficial, and was readily removed. The injured finger healed in some days, being marked by a depressed circular cicatrix.

2. On a baby, five weeks old, daughter of a silversmith, the strangulating noose of hair was found on the joint of the second and third phalanges of the left middle toe. The latter was already gangrenous, and fell into the hand of the examining physician, whereafter the hair, covered with some shreds of linen, was detected. Also, in this case, another simple loop of hair was found around the second toe, having ligated it but superficially.

Now, the question arises, whether these loops of hair were designedly placed where they were found, or if such loops may form spontaneously. Several physicians expressed their opinion in favor of the first view, remarking, at the same time, that both dry and wet nurses often put rings of hair out of superstition on the fingers of their wards. Indeed, this seemed to have been maliciously done by a servant girl in a case, latterly observed by Dr. Spoehrer, in his own family. The author himself, however, is inclined to believe that hair may form loops of itself, first, because he was in either case unable to detect an artificially tied knot, and, second, because in both instances another loop not fitting tightly was found. There was, moreover, no reason to presume an ill-hearted design. Both these children were nursed by their mothers, who used to leave them exposed in the cradle, while they were themselves combing their hair. Possibly this may serve to explain how the hair got on the babies' fingers.

ART. V.—*Selections from the German Journals, translated by G. A. BRUHL, M. D., Cincinnati. On the Treatment of Chronic Eczema of Children* (from Behrend's & Hildebrand's Journal für Kinderkrankheiten), by DR. BEHREND.

THERE are three indications to be fulfilled in the local treatment of chronic eczema.

First: The crusts and soars are to be removed, and a clean surface restored by the application either of warm poultices or alkaline water dressings (3j of carb. potass. to 3vj of water), or the rubbing in of cod liver oil soap (ol. jecor. 3j natri carbon. 3j), ad locum dolentem. Where the latter is applied, the diseased part should be washed at the same time with the alkaline solution. On the head affected, a silk night-cap should be worn. By this means a clean, but inflamed surface, will be gained in about ten to thirty days.

Now the second indication is to diminish this cutaneous inflammation. In our hands a chamomile infusion, with the acetates of lead and zinc (3xvj of the former, and 3j of each of the acetates) proved the best. After the inflammation has been overcome, small tubercles remain on the skin, which have repeatedly to be touched with the lunar caustic, otherwise the eruption will surely soon reappear.

The 3rd indication is, to recall a normal activity in the cutis. For this the stronger astringents answer the best, as alum, the sulph. of zinc or iron, and the oleum rusci. Besides, however, laxatives, alteratives, and a bland diet are needed, and sometimes fontanells have to be applied.

Eczemata, of a long standing, which have become a "quasi" physiological necessity for the organism, should never be removed but slowly and partially, otherwise dangerous metastases may follow their suppression.

Injections of Iodine for Dysenteric Tenesmus.

Dr. Palm in an epidemic, marked by a tedious tenesmus, prostrating the patients in a few days, ordered injections of iodine gr. x, iodide of potash gr. xx, mucilage 3ij, to be made twice per diem. Relief was gained in a few days.—*Schmidt's Fahrbacher.*

Tinctur. belladonna in angina tonsillaris, proved very beneficial in the hands of Dr. H. V. Holsbeck, as a decided improvement took place in every instance the following day. He gave about one drop every two hours.—*Schmidt's Jahrbucher.*

MEDICAL SOCIETIES.

Continuation of some proceedings of the Wayne County Medical Association. Reported by R. E. HAUGHTON, M.D., Recording Secretary.

RICHMOND, August 6, 1856.

THE Association met pursuant to adjournment. Minutes read and approved. Reports of committees being in order, the chairman of the committee on Revision of the Constitution, reported that the clause relative to dental practitioners, viz: Art. 4th, Sec. 1st., be changed so as to read, The possession of a diploma from a regular college of dental surgery, in good standing, shall be considered evidence of the eligibility of the applicant, provided he does not give his sanction and support to irregular practice.

On motion of Dr. Harrington, a committee was appointed to draft some resolutions expressive of the feeling of the Association in reference to the death of Dr. W. B. Smith, our honored President. Also, a committee of one to write a history of the life of our distinguished brother and colleague, in connexion with the profession of his choice, and report at the next meeting. Drs. Harrington, Test and Vaile, reported as follows:

WHEREAS, It has pleased Almighty God, in his wisdom, to remove from our midst our worthy President and distinguished brother in the profession, Dr. W. B. SMITH; and while we feel deeply our loss as a society, we adopt the following resolutions in commemoration of our esteem for him while living:

Resolved, That by the death of Dr. Smith this Association has been deprived of one of its most active and useful members, and while we deeply lament our loss, we bow in meek submission, to the will of the Great Disposer of all events, believing that our temporal loss, is his eternal gain.

Resolved, That as a presiding officer, he admonished with friendship, judged with candor, and reprimanded with justice.

Resolved, That in his death our profession is called to mourn the departure of a high-minded and honorable practitioner, and this community a just and upright citizen.

Resolved, That a copy of these resolutions be left on the record of this body, and a copy be presented to the family of the deceased.

The organization of Standing Committees, was made as follows:

Committee on Epidemics.—Drs. West, Vail and Brandon.

Committee on Botany and Geology.—Drs. Wilson, Harrington and Fulton.

Committee on Obstetrics.—Drs. Butler, West and Vail.

Committee on Publication.—Drs. Harrington, Test and Ratliffe.

Committee on Quackery.—Drs. West and Vail.

Essays were then read by Test on Quacks and Quackery, and Butler on Post Partum Hemorrhage.

Drs. Harrington and Wilson were appointed as Essayists for the next meeting.

On motion, adjourned.

C O R R E S P O N D E N C E .

FOR THE CINCINNATI MEDICAL OBSERVER.

MESSERS. EDITORS:

I HAVE been a regular reader of the *Observer* since its commencement. I have been highly gratified with its bold defence of scientific medicine, and its fearless denunciations against charlatanism, even in high places. From my knowledge of the corps editorial, I am assured of the soundness of the ethics which shall pervade their journal; of the withering rebuke that shall be meted out to every offender against the "code;" and of the dissemination of correct principles among the profession.

I am conscious that an independent expression of sentiment, however correct, will not suit all. There are journalists who will connive at the faults of their professional brethren, for the sake of popularity and their *subscription list*, rather than offend by advocating what they know to be right and honorable. I have often known private members of the profession guilty of the same sin

of omission, on account of pecuniary interests and favors ; such cases are in my mind while I am writing, and, of course, I speak understandingly.

In the *Observer*, I trust, we have a journal of the right stamp, one that is not afraid to reprove and rebuke, to advise and instruct. The profession require a journal that will not be influenced by sinister motives in its expressions of opinion on any subject. And here allow me to observe, that much fault has been justly found with many of our periodicals in regard to their reviews of new publications. It is the custom to "puff" almost everything put upon the editor's table. I have learned from experience, to place very little reliance on these reviews, and to examine a work for myself previously to purchasing. We want a high-toned, independent journal, and there are enough of true spirits in the profession who will sustain it.

A few days since I received a letter from a friend, urging me to do all in my power to support the *Observer*. He stated that some had ignored it for reasons obvious to all who have carefully perused its pages. But this is to be expected, and, to me, it is one of the best evidences of its superiority ; and I have but little confidence in any who would desert a journal because forsooth a friend or associate had been castigated on account of his misdeeds.

But I pass on to notice several features in the regulations of our Medical Schools. The first is the reception of four years' practice as equivalent to one course of lectures. This I conceive to be a most iniquitous piece of charlatanry, and practiced by many of the Western Schools. It encourages men to engage in the practice of medicine without any qualifications whatever ; and in the course of four years, with some four months' study, they can come out full-grown doctors ! They, say, by way of palliation, four years' *reputable* (?) practice ! What do they mean by reputable ? Is it rational to suppose thorns will produce grapes, or thistles figs. Do we expect a child to read before he is taught to spell ? How, then, can a man practice medicine *reputably* before he is educated in the principles of the profession ! Shame on such inducements for the sake of classes and gain !

Another feature is the conferring of honorary degrees. Where is the propriety in this regulation, unless it be the sordid

advantage of gaining the influence of such men, and of thus buying up their students! If the person be worthy of the degree, there is a way prepared for every man to obtain it honorably. I can not pass this subject by without complimenting the good sense of the faculty of the Miami School, in refusing to perpetuate these abominations, by adopting a resolution to confer no such degrees. If there be an honor attached to the degree, let those possess it who have devoted their time, money and talents, to attain it.

Another wise provision of the Miami School, as well as of one in Tennessee, is to require of candidates for graduation, a promise to the faculty and trustees, to deliver to them their diplomas if they should ever engage in quackery. A diploma is often a shield for the vilest mountebank; and how ready the friends of such a man are to exclaim, he is no quack! he is a regular graduate, and has a diploma! In the school in which I graduated (one of the first in the country), I have known students of Homeopathy and Hydropathy graduate, but merely for the sake of a diploma to protect them from the epithet of quacks. To grant diplomas to such is a disgrace to any School.

Let the profession then encourage those Schools only that are worthy of patronage; let them send their students where the best principles are instilled. This we owe to them, our students, ourselves, and community.

In reply to Prof. Lawson's queries, in the March number, I must answer no! At this moment I do not remember more than one fatal case of consumption after an attack of small pox; but in this case tubercular deposits had the priority.

I have no faith in the curability of tubercular consumption by cod liver oil. I have tried many cases, but never cured one. Some have been temporarily benefited; others have derived no relief whatever from it. Some other affections of the lungs have been cured, or, at least, the cures have been perfected by it.

There are many physicians, not adepts in auscultation and percussion, who can not diagnose the early stages of phthisis from some other diseases, or who mistake other diseases for consumption, and whose testimony in relation to the value of remedies is not reliable. Who has not seen these wiseacres go through with

the manipulations of auscultation and percussion, when they could not possibly distinguish between one sound and another, and, sometimes, even without making such an attempt, say to their patients, describing the precise locality, "sir! so much of your lungs is destroyed!" At the same time, there was no cavity at all in the lungs. I have known a very *distinguished* writer make such a mistake!

Not wishing to trespass further upon your pages, I close my letter by subscribing myself

Yours,

PROBE.

BOOK NOTICES.

An Exposition of the Signs and Symptoms of Pregnancy; with some other papers on subjects connected with Midwifery. By W. F. MONTGOMERY, A.M., M.D., M.R., L.A.; ex-scholar of Trinity College, Dublin; Professor of Midwifery in the King and Queen's College of Physicians in Ireland; lately President of that College, and one of the Presidents of the Pathological Society; etc., etc. From the Second London Edition. Philadelphia: Blanchard and Lea. 1857. Pp. 568.

THE present is the second edition of the work before us, but may with truth be regarded as almost a new book, on account of the close revision and extensive additions of new matter which has been made, all carefully scrutinized, so as to meet the approbation or dissent of the author.

The first chapter is devoted to general observations on the state of the female system during pregnancy, in which the changes in the uterus, the effects on the nervous and vascular systems; altered relations of the gravid uterus; obliquity of the uterus; plethora; diet; evils of repletion and want of exercise; indolence; increased nervous susceptibility; effects of moral and mental emotions during pregnancy; effects of peculiar impressions; transmission of morbid taints, under peculiar circumstances; effects of nervous irritability on the temper and the sleep; affections of the mind; hysteric; frequency not a disease—rather a preventive; simulation of disease; and customs relating to pregnancy are fully discussed. This will give some idea of the completeness of the treatise, as it will be found that the subjects included in the various chapters are handled with an equal degree of minuteness and precision. Under the head of "effects of peculiar impressions illustrated" the author discusses the influence of mental impression upon the fetus in utero, and is of the opinion that the question, whether mental emotions do influence the de.

velopment of the embryo, must be answered in the affirmative. Several instances are adduced in support of this opinion. Too many cases have fallen under our own observation tending to this conclusion to deny its correctness.

The second chapter takes up in connection with an investigation of the signs of pregnancy, its legal and social relations, different sources of evidence or proofs of that state, and the classifications of signs. A correct diagnosis in reference to the legal and social relations in society is one of the most important subjects that can occupy the attention of the medical man. Too important by far to be intrusted to a jury of matrons dignified by the title of "discreet."

The signs or proofs of pregnancy must be collected from various and widely different sources; and the following are enumerated as the chief of these signs, and the source from which evidence is to be collected:

1st. Certain affections of the constitution is induced by pregnancy, among which are suppression of the menses, increased nervous irritability, capriciousness of temper, erratic pains, dropsical effusions, alterations in the countenance, etc.

2nd. A train of sympathies excited in other organs, in consequence of irritation induced in the uterus; such as changes produced in the breasts, enlargement, areola and milk secreted; vomiting, capricious appetite, salivation, kystein in the urine, etc.

3rd. The increasing size of the uterus, which ceases to be a pelvic organ, and rises into the abdomen; protrusion of the umbilicus, alterations in the os and cervix uteri, recognized by the touch and a peculiar bluish or purple color of the mucous membrane of the vagina.

4th. The contents of the enlarged uterus, the presence of a fetus and its motions, ascertained by manual examination externally and internally, and by auscultation.

5th. The discharge of certain substances from the uterus, which may or may not be the product of conception, and by which its existence or non-existence may be determined.

6th. An examination of the uterus and its appendages after death, which may determine the question of actual pregnancy, or previous impregnation. It will be at once perceived that these signs are of very different value, and may be divided into three classes. The first and second may be considered as *Presumptive*, the third as *Probable*, and the fourth, fifth, and sixth, as *Unquestionable*. The value of these signs must be estimated according to certain general considerations, which are important in making a correct diagnosis. These are:—

“1st. The interval at which they have appeared, after the supposed time of conception.

2nd. The order, or succession, in which they have presented themselves.

3rd. Their value, as certain and unequivocal, or as uncertain and equivocal.

4th. Their correspondence with each other.

5th. The length of time they may have been in existence.”

All of these circumstances or considerations, are important in coming to a conclusion, while there are but three phenomena presented that can be considered by themselves as certain symptoms of pregnancy; viz: the active movements of the child, unequivocally felt by another; its presence in utero ascertained by ballottement; the pulsations of the fetal heart. Any one of these being ascertained beyond a doubt it settles the question, but on the affirmative side only; their absence not being proof that pregnancy does not exist. The relations of pregnancy to suppression of the menses, nausea, vomiting, and salivation, are amply discussed in the third chapter; while in the fourth the mammary sympathies are considered, such as enlargement, the areola and secretion of milk. We pass by the chapters treating of quickening and motions of the fetus; enlargement of the abdomen; changes in the uterus, including the state of the os and cervix; size, contents, situation and consistence; the different modes of examination, such as examination per vagina and anum; ballottement; auscultation, etc., until we come to the consideration of the test of Prof. Kluge, of Berlin, viz: the *Dusky hue of the Vagina*. This has been declared to be a *sure test* by Professor Kluge, who first pointed it out; and also by M. Jacquemin, of Paris. It consists of a “bluish tint of the vagina, extending from the os externum to the os uteri. This discoloration commences in the fourth week of pregnancy, and continues to increase till the time of delivery, and ceases with the lochia; the only condition likely to vitiate it being the existence of hemorrhoides in a marked degree. In the first edition of this work the author did not consider that his experience would justify a positive expression of opinion on this point, but since that time his experience has been very ample, and he believes it to be a sign of far greater positive value than he could venture to allow at that time. He is not yet clear whether this appearance belongs exclusively to pregnancy, but states that “in every instance, without a single exception, in which I have found this appearance distinctly marked, pregnancy existed.” One remarkable instance is mention in regard to its value, where it was un-

usually well marked at the fourth month, but disappeared at six months ; the ovum having been in the meantime blighted.

Before proceeding to other less usual sources of information, the following brief summary of evidence is presented, and to which we would earnestly call the readers attention. We have known some painful instances of a hasty declaration of pregnancy, where character has been destroyed by the carelessness or incompetency of physicians. In this way an injury may be inflicted more cruel than the destruction of life :

“ 1st. Should the examination be required before the end of the third month, we have in general, no sign or symptom on which we can place perfect reliance ; but our opinion must be formed from the suppression, or continuance of menstruation, the state of the breasts and areola, sickness of stomach, and state of the os uteri. In a rare instance, quickening may have taken place, the dusky color of the vagina may be developed, or the dark abdominal line may be present ; the placental souffle may perhaps be audible, or *possibly* the foetal heart-beat, or the sounds produced by the movements of the child (see pp. 191, 197), or we may be assisted by the detection of some idiosyncrasies of the individual, or by her being conscious of exactly the same sensations as those which had been experienced at a similar period in her former pregnancies. ‘On the whole,’ to use the words of Smellie, ‘the difficulty of distinguishing between obstruction and pregnancy, in the first months, is so great, that we ought to be cautious in giving our opinion, and never prescribe such remedies as may endanger the fruit of the womb ; but rather endeavor to palliate the complaints, until time shall discover the nature of the case, and always judge on the charitable side, when life and reputation is at stake.’

“ 2dly. In the fourth or fifth month, in addition to the above points of reference, we seek to detect the increased size of the abdomen, and the uterine tumor, which at this period is generally well defined, and may be felt overtopping the anterior walls of the pelvis ; the umbilical depression is beginning to diminish, and the foetal movements have been most probably felt by the mother, or may be recognized by the hand externally applied ; the uterine souffle and foetal heart-beat may be heard ; and in most cases, the dusky color of the vagina and the dark abdominal line will be distinctly perceptible, and ballottement is available.

The os uteri is now much changed, as are also the breasts, on which we may expect to find the areola fully formed, and in some instances, the peculiar mottled appearance, or secondary areola, already described ; not unfrequently, a lympho or sero-lactescent fluid is found exuding from the nipple, or the extremity of this part is covered with the little bran-like scales.

“ 3dly. In the sixth and subsequent months, the development of the abdomen, and the size of the uterine tumor, within which we may be able to distinguish different parts of the child’s body, the umbilicus raised to the level of the surrounding surface, or projecting above it, the

patulous and otherwise greatly altered state of the os uteri and shortened cervix, above which we feel the bulging body of the uterus, and the head of the child lying against its anterior wall, if distinctly recognized, afford proofs which leave no room for doubt, which would, of course, be equally removed, if we detected the phenomena derivable from auscultation.

In investigations of this kind, an invariable rule should be: to collect every possible proof before we venture to pronounce an opinion; not trusting to the evidence of any particular sign or sympathy, however distinct, or what ever may be our faith in its value; but taking all the evidence together, and judging of it collectively and comparatively; except we have *distinctly and unequivocally heard the pulsations of the fetal heart, or felt the child move in the utero*, which ought, of course, to be completely decisive of the question.

Should the case be one occurring in an unmarried female, or into which legal considerations enter, whether of a civil or criminal character, and involving property, reputation, or life, *our decision ought to rest on no evidence that admits of doubt*, and if we can not have such proofs as will rigidly satisfy our judgment, and enable us to decide without hesitation, our uncertainty must be candidly and fearlessly expressed, and our decision postponed until a further lapse of time shall remove the obscurity of the case; and, in the meantime, no treatment should be adopted which could interfere injuriously with the state of pregnancy."

Among the "less usual sources of information" he calls attention to an examination of substances expelled from the uterus; an early ovum; moles; hydatids; the membranes formed in dysmenorrhea, and in other conditions of uterine derangement, membranous formation from the vagina. Idiosyncrasies; Beccarias test, and the state of the blood, urine and pulse. In the eleventh chapter the occurrence of pregnancy under unusual circumstances of age, disease; without consciousness; imperfect intercourse; secondary ovum are treated of fully. The twelfth chapter treats of Spurious or Simulated pregnancy. The thirteenth relates to investigations after death; examination of the uterus and its appendages; the ovaries, corpora lutea, and fallopian tubes.

To these are added several interesting papers. One on the period of human gestation; The natural period; premature births; viability; protracted gestation, and several tables showing the woman's age, date of last menses, marriage, quickening, labor, and duration of gestation.

Another on the signs of delivery; delivery during natural sleep; examination after death; fatty degeneration, and reconstruction of the uterine substance; uterine contractions after death; posthumous parturition.

Among the most interesting, curious and complete chapters of the book, is the last one—on spontaneous amputation of the fetal limbs in utero.

and some other pathological lessons to which the child is liable before birth; rudimentary reproduction of lost parts; fractures; wounds; effects of coherent placenta.

Beyond doubt this is the most complete work in our language on pregnancy and all its various relations. It is replete with interest from the beginning to the end, both to the physician and to the general reader who may wish to know the state of medical opinion on this subject.

We can therefore give it an unqualified recommendation to the brethren of our profession. o

For sale by Truman & Spofford. Price \$3.00.

The Physician's Pocket Dose and Symptom Book; containing the doses and uses of all the principal articles of the Materia Medica and chief officinal preparations; also, Table of Weights and Measures, Rules to proportion the doses of Medicine, Common Abbreviations used in writing Prescriptions, Table of Poisons and Antidotes, Dietetic Preparations, Table of Symptomatology, Outlines of General Pathology and Therapeutics. By JOSEPH H. WYTHE, A. M., M. D., Author of the "Microscopist," etc., etc. Second Edition. Philadelphia: Lindsay & Blakiston. 1857.

WE have looked over this little hand-book with some considerable care and interest; it belongs to a class of books for which we have no very strong regard, and still the physician will find it in many respects a convenient little manual for office reference, containing as it does a brief suggestive notice of a very extended list of subjects—a list embraced in the title page, the whole of which is given above. It may be had in this city, from the book-store of Truman and Spofford, for sixty-three cents. †

Clinical Lectures on Certain Diseases of the Urinary Organs, and on Dropsies. By ROBERT BENTLEY TODD, M. D., F. R. S., Physician to King's College Hospital. Philadelphia: Blanchard & Lea. 1857. pp. 283.

WE like the manner and the matter of these Lectures very much. In this volume Dr. Todd gives us *sixteen* systematized, and carefully digested Clinical Lectures, upon the most prominent and important diseases of the urinary organs and dropsies. Their plan is to discuss the general principles of a disease, and present actual cases occurring in King's College Hospital, London, for illustration. Thus, in commencing the first Lecture we read this opening paragraph: "The subject of hæmaturia appears a suitable one for my clinical lecture to-day, gentlemen, because there are now in the hospital four cases exhibiting that condition of the urine. These will afford us a favorable

opportunity for studying some points in the clinical history of this form of hemorrhage."

Before presenting the peculiarities of these cases individually, however, he first proceeds to give some reflections upon the general conditions of the system of which hæmaturia is only a symptom; and in Lecture II he *follows* the cases of Lecture I, with further general observations, and tracing its connection with various diseases, as gout, typhus, and small-pox. This gives the reader some idea of the *plan* of the book. We further notice that *fifty-five* cases of disease are detailed as illustrations of these sixteen very excellent Lectures, these cases embracing an interesting list of various forms of *Hæmaturia*—diseases of the *kidney* and *bladder* in great variety—various forms of *Dropsy*, as following scarlet fever, as associated with disease of the kidneys, heart, peritoneum, liver, etc. In some of these cases the outline of treatment is given very satisfactorily; in others only the *nature of the pathological condition*—indeed, if we have any criticism to offer, it is in this, that the work is rather pathological than therapeutical;—the practical experience of Dr. Todd would have contributed greater value to these Clinical Lectures, had more stress been placed upon the latter feature. It is a good book though, and will well repay study.

For sale by Truman & Spofford. Price, \$1.50.

‡

EDITORIAL AND MISCELLANY.

EDITORIAL DUTIES—BOOK CRITICISMS.

IN the present number of the *Observer*, we print a letter from a highly-esteemed friend, over the signature of PROBE, which is probably sufficiently pointed to speak for itself; there is, however, one matter alluded to in the letter upon which we wish to remark briefly—we allude to the value of editorial criticisms and notices of new books. No one with ordinary reflection, we suppose, expects any of the monthly medical journals of the country to be *reviews*; from the nature of things, that could not be; *space*, if nothing else, would forbid such an expectation. The most, then, that ought reasonably to be thought of, is careful and judicious bibliographical notices, and that such notice of a new book, *so far as it goes*, should be candid, and not calculated to mislead. The editor of a medical journal finds every few weeks a new book laid upon his table; he picks it up, and gives it a hasty glance, to

see what it is like, much as a man does a new book in a book store; he picks it up in the evening, perhaps reads a chapter. This process is repeated every leisure odd spell, until, finally, when he comes to make up his book notices, he has formed some sort of an opinion of its merits; but does any unsophisticated body suppose he has *read* it, or that he is prepared to give a *critical analysis* of it? He simply endeavors, or ought, to give his honest opinion, whether the book is worth buying, and briefly to explain its *plan*, and its *peculiar excellencies*. The fact is, the editor can not *spare time* beyond this. When the profession shall become enough alive to its interests to give a generous patronage to medical journals, it may be different. We believe it would be to the interest of the profession generally if the editor of the journal received enough direct remuneration to justify him in devoting the greater portion of his entire time to labor upon the journal; should such a millenium ever arrive, he will be able to make himself entirely familiar with the current professional literature of the day, and then book notices, whether brief or full, may properly be expected to be discriminating and critical. †

A FEW HINTS TO CONTRIBUTORS TO MEDICAL JOURNALS.

WE have for some time purposed to express some views under the above caption, reflections pertaining both to contributors and non-contributors; for the truth is, we have hundreds of careful observers in the profession, who are year after year accumulating experience of priceless value, who never write a paragraph. We have some exceptions the other way, men who are troubled with what is termed *cacoe-thes scribendi*—men who do not mature their thoughts or observations enough to do credit to themselves: but such is not true of the mass of the medical profession. But of those who do write, the first and most prominent fault is—*dreadful length*; most valuable truths are covered up with such a heap of verbiage, that not *one man in ten* reads them. My dear friend, and let every medical journal contributor think we mean him especially, be more concise, study brevity, look over your article, see if you hav'nt said things that others have said a great deal better, and that will bear to be pruned. Short, practical, pleasantly written articles, articles conveying the details of an interesting case, the application of a remedy, or the adaptation of some novel resource—these are the articles which are promptly read, and eagerly copied by journals in their selections; give us plenty of these

my good friends. And you, who think you have no time to write, take fresh courage, and try one or two contributions of this model sort. We have been frequently complimented in seeing the articles of our own journal extensively copied by our exchanges; we think we have been so, because a large majority of our articles have been of this brief, practical kind, and we trust, for the future, our friends will strive with us to make our entire original department peculiarly of this character.

THE LAW PERTAINING TO POST MORTEM EXAMINATIONS.

WE have been shown a copy of the act lately passed by the Legislature of Ohio, defining the duties of Coroners, as relates to *post-mortem examinations* in certain cases. In cases of death by violence, the Coroner is to summon two respectable physicians as witnesses at the inquest—who shall receive for their compensation *three dollars* per day while on such duty; and when there is any doubt respecting the nature or cause of the death, the medical witnesses are required to make an examination of the body, conduct an analysis of the contents of the stomach, or whatever else may be indicated by the circumstances, for which they are to receive due compensation. This law is certainly quite a fair approximation to what is just and right in the premises. We regret, however, that the amount of compensation for the examination is left so indefinite. It is very true that an ample fee in one case may be a very insufficient consideration in another, but we think the act should have prescribed some limit to direct the Coroner in his duty. Thus we think a fee of *ten dollars* the least proper for such service on any occasion: three or four times that would often be little enough. We suggest that Medical Societies would do well to take some action upon this matter.

BUREAU OF STATISTICS.

WE learn with pleasure that one of the last acts passed by the Ohio Legislature, was one establishing a Bureau of Statistics. This will be the means of making the registration act efficient. Having a distinct department and Commissioner, it will receive that attention which the importance of the case requires, and we may soon expect to get reports of a creditable character respecting the resources and sanitary condition of this State; now the third in the Union in importance.

That nothing shall be wanting to complete the efficiency of this department, the Governor has appointed E. D. Mansfield, Esq., of this city, Commissioner of Statistics.

MEETING OF THE AMERICAN MEDICAL ASSOCIATION
AT NASHVILLE.—TUESDAY, MAY 5TH.

BEFORE this number of the *Observer* reaches our readers, such as intend visiting Nashville to attend the meeting of the National Association, will have completed their arrangements, and perhaps be on their way. We are gratified to notice a general interest in reference to this meeting—and on the part of our confreres many suggestions for the consideration of the Association worthy of notice and action. We had prepared some notices for our April number, and especially some requirements for the admission of delegates, which were omitted by oversight.

Among other topics suggested, we see several journals propose a sub-convention of editors of medical journals. We hope this will be heartily responded to and carried out—much good would result from a free interchange of opinion and counsel, and perhaps plans of future action agreed upon that would materially promote the interests of journals, and the general interest of the profession.

Other suggestions we pass by as too late to be profitable. In reference simply, however, to the proposition to make the Association a fixture, and give it a “local habitation” we agree with the Buffalo journal in a hearty wish that such project will be defeated if brought up.

BIOGRAPHY OF DR. E. K. KANE.

BY a prospectus which we have just received from Messrs. Childs & Peterson, Book Publishers, Philadelphia, we learn that they are preparing to issue very soon a LIFE OF DR. KANE. The melancholy and early termination of the brilliant career of this man, has kindled a widespread enthusiasm for his name and memory among his countrymen, and, indeed, all over the world. These many admirers will learn with great pleasure that this biography is to be brought out in a manner alike faithful and worthy of its subject. “His family have kindly placed in the hands of DR. WILLIAM ELDER, all his manuscripts, journals, and other documents available, for the preparation of an accurate and complete biography. ° ° ° ° This work will be issued in one handsome octavo volume, and will equal in every respect the superb vol-

umes of 'Arctic Explorations,' recently published. It will contain a new full face portrait, executed on steel, as well as engravings of his residence, tomb, medals, etc." To be sold to subscribers at the low price of \$1 50. †

RENOUARD'S HISTORY OF MEDICINE.—We are glad to learn that this capital standard work—translated by our esteemed friend Prof. C. G. Comegys, of this city—is becoming a necessity to the reading portion of the profession. Medical journals also, and medical teachers everywhere speak of the work in terms of the highest commendation; very many of our brethren have apparently little time for the reading of the heavier works—still all that wish to be familiar with the history of our profession—its various theories and systems—the most distinguished men who have adorned it—and the progress which the profession of medicine has made in its several epochs, will certainly not fail to have a copy of this book in their library—and better still—study it. †

A BLACK LIST FOR MEDICAL JOURNALS.—We clip the following humorous paragraphs from the *Buffalo Journal* in reference to some of the evils of journalism. We are reminded of the very worthy brother who enlogized the excellence of *free grace*, in that he had been a member of church twenty years, and that it had not cost him but *just twenty-five cents!*

"The establishment of a Black List strikes us not unfavorably. We could make a very handsome contribution to it on the start. Our *Journal* is now one of the seniors. Without any change, other than one transfer of the editorship, it has been published from the same press for a period of twelve years. As a consequence, we boast some subscribers who have taken it regularly all that time, *without paying a single dollar.*

"We say this not reproachfully. Some of these men of long endurance are, as we learn, clever fellows, with short purses and shorter memories; and aside from them we have a noble list of prompt paying subscribers. But it would be a good idea to punish these delinquent gentlemen by putting them on short rations of journalism, to say to them, as they forward their courteous notes enrolling their names as subscribers, without money, that they are unfortunately indebted to such a journal, and must pay up for that before getting another on credit."

ERRATA IN OUR APRIL NUMBER.—Notwithstanding their correction on the "proof," several vexatious errors appeared in our last number—

thus MR. B. WRIGHT, M.D., for M. B. WRIGHT, M.D.,—G. M. COOK, for G. MCCOOK, M.D., and in the March No. A. T. PALMER, M.D., for A. S. PALMER, M. D.—with several minor imprints, as *carcinoma* for *carcinoma*.

DR. TWEED'S MONOGRAPH.—We complete in this number of the *Observer* the essay of Dr. Tweed on Ovarian Tumors. It has occupied more space than we anticipated, and more than we usually contemplate in the plan of this journal. Nevertheless, we think our readers will find Dr. Tweed's essay a very complete resumé of the whole subject up to the present time, with the exception alone, perhaps, of the recent experiments which have been made to obtain a radical obliteration of the ovarian cyst by iodine injections, and this *newest* plan of treatment is certainly, as yet, still *sub judice*. We have already had assurance from some of our readers, that the essay has been perused with gratification, and notwithstanding its length, we think it will afford pleasure and profit to all who examine it carefully. †

INHALATION OF CHLOROFORM IN THE TREATMENT OF DELIRIUM TREMENS.—Dr. F. M. Garrett, of Tarborough, N. C., reports five cases of delirium tremens for the *American Journal of Medical Sciences*, which were treated with chloroform inhalations, to an extent, to secure the soporific influence. These cases were treated in Bellevue Hospital, and the result of the plan adopted was very satisfactory. In one case there was a fatal result; the others recovered speedily, and the immediate effects of the anæsthetic were very soothing.

In the same number of the *American Journal*, we find a further report upon the same remedy: Dr. W. M. Chamberlain gives reflections, cases, and conclusions, drawn from the treatment of more than two hundred cases, in Blackwell's Island Hospitals. He says: "*The appeal to chloroform was held to be dangerous, and never accepted save as the 'ULTIMA RATIO MEDENDI.'*" Nevertheless, in many of these cases very similar grateful results were observed, as in the cases reported by Dr. Garrett. At any rate, we may safely conclude that we are justified in a further cautious trial of etherization, in the control of the unmanageable paroxysms of this frightful disease. †

PAMPHLETS RECEIVED.

TRANSACTIONS OF THE ELEVENTH ANNUAL MEETING OF THE OHIO STATE MED. SOCIETY, held at Columbus, June 3d, 1856, including the

proceedings of the adjourned session, January 20, 1857.—We have already given the summary of these Transactions in the *Observer*, at the date of the respective meetings of the State Society. At present we remark, that, as usual, the Transactions gives the papers and reports in full of those meetings—and we remark further, and with especial gratification, a decided improvement in the general getting up—paper and mechanical execution.

HOMEOPATHY; ITS TESTIMONY AGAINST ITSELF; a reprint from the *Boston Medical and Surgical Journal*. with additions. An excellent essay; valuable as chiefly made up of admissions of Homeopathic writings.

ANNUAL REPORT OF THE NEW YORK STATE LUNATIC ASYLUM, for the year ending January 1, 1857. A hasty perusal of this Report exhibits the Institution in a good state of prosperity.

Experiments made to determine the protective power of Belladonna in Scarlatina, by J. CHESTON MORRIS, M.D.

We find an article in the April number of the *American Journal of the Medical Sciences*, giving the results of experiments made by Dr. Morris at the Foster Home, one of the Philadelphia Charities.

The number of children in the house, on December 25, 1856, who were liable to scarlatina, was as follows:

Had sickened with it, up to Feb. 20th.....	35		
Marked on certificates of admission as not having had it..	14		
			—
		In all.....	49
Of these, there were taken sick, Dec. 27 and 28.....	6		
			—
Leaving as subjects for experiment.....	43		
			==
	Escaped.	Taken.	Whole No.
Of the 43—Took no Belladonna.....	..	..	24
Escaped scarlatina.....	6	..	..
Had scarlatina regularly.....	..	18	..
Of the 43—Took Belladonna.....	..	..	19
Escaped scarlatina.....	8	..	..
Had scarlatina regularly.....	..	11	..
Which, with those taken at first. ..	..	6	6
	—	—	—
Makes, as aboves.....	14	35	49

The administration of the belladonna was commenced on Dec. 29th, and has been continued to the present time. The mode adopted was that given by Dr. Meigs, in his work on *Diseases of Children*, as quoted from Hufeland, viz., Ext., belladonnæ gr. iij; Aquæ destillatæ f3ss; Alcohol f3j. One drop for each year of the child's age, to be given morning and evening. The effects produced on the children were generally slight; a little dryness and redness of the fauces, and dilatation of the pupil, with occasionally a little headache, being the extent of them, except in one case, not counted above, a girl who had had scarlatina severely some years previously, and to whom it was administered under the erroneous impression that she had not had it. She had a well-marked efflorescence, with slight fever, delirium, and sore-throat; but not scarlet fever.

If we reduce the above figures to a per centage for the sake of comparison, we find 75 per cent. of the unprotected children taken, while only 53 per cent. of those under the belladonna were affected. The difference in the period of incubation is also very striking. Now, how is this to be explained? The idea of any specific protection against the disease would be at once overthrown, if the experiments of Bayle, of Hufeland, etc., had not satisfied us on that point.

I think the explanation is, that the belladonna acted by preventing to some extent the absorption of the scarlatinous miasm. We know that the process of absorption depends to a great extent on the movement of the blood in the bloodvessels—the slower this movement, and the fuller the bloodvessels, the less the absorption; hence, the effect of narcotics would be to diminish absorption. Thus, too, the production of intoxication in cases of poisoned wounds prevents the absorption of the poison; and an old domestic prophylactic against marsh miasm was the taking a morning dram, while we know that absorption of miasmata takes place more readily when the stomach is empty than after a full meal. Why? Because, during digestion, the pulse becomes fuller and more frequent.

If this explanation be the correct one, any other narcotic should produce quite as effectual a prophylaxis as belladonna. The next question is, should belladonna be given generally to all who are exposed to the influence of scarlatina, and who have not had the disease? From the small numbers observed, I should hesitate to answer definitely yes or no; it is not such a trifle as it has been represented, to maintain even a slight narcotic impression for a month or six weeks; and at every fresh exposure, the patient must go through a fresh course of the medicine. Yet where an epidemic is very malignant, or where a hereditary fatality attends

the disease in a family, I should recommend the administration as tending to diminish the risk of contracting the disease.

On Secondary Eruptions following Vaccination.

Mr. Ross lately read a paper on this subject before the Medical Society of London, in which he contends that the secondary eruption is a legitimate result of the true vaccine disease, and that a marked peculiarity of this as a constitutional disease is a tendency to periodicity.

After some general observations on the obscurity of the subject, the author said: "The propositions which I shall endeavor to establish are—1st. That there are various forms of eruptive disease consecutive to and caused by vaccination; 2d. That these eruptions appear at different periods, and are subordinate to the specific laws of the vaccinous disease; 3d. That these eruptions are not prejudicial to the person vaccinated, but are rather evidences of the complete impregnation of the system, and of the protective efficacy of the act of vaccination. Notwithstanding the assertion by some authors that vaccination does not cause consecutive disease, the occurrence of such disease has been frequently noticed by medical practitioners; and even its varieties have been designated. Most works on diseases of the skin have some reference to such affections. There is not, however, any methodical analysis on record of such maladies, and they have been regarded rather as unimportant casualties than as legitimate sequences of vaccination. The desire, probably, thoroughly to establish vaccination in the confidence of the public has insensibly led to a depreciation of the after-symptoms, whereas it would have been more philosophical to examine the facts themselves, and to trace their actual connection, if any, with the original disease. There need be no fear that the great value of Jenner's immortal discovery will be impaired by an accurate acquaintance with all its phenomena. The whole number of secondary eruptions noticed by me during the period whilst I was conducting these inquiries was nineteen, and of these the specific character was recorded in eleven; the others were adverted to in general terms as 'secondary eruption;' but I believe that the greater number, or the whole of them, were of the vesicular type. Of these eleven, one was a transient exanthem, three were papular, and seven vesicular. In three other cases an eruption appeared at the end of about three weeks, but whether these cases were attributable to vaccination or not, the evidence is not decisive. The vesicular eruptions varied much in character, sometimes being as small as millet-seeds, and few in number; at other times

as large as a crown-piece, and looking as if one vesicle was comprised within the circle of another. The size of the eruption was frequently that of the cow-pox at the eighth day, which, indeed, it very much resembled, being a vesicle with a small central depression and circumferential redness. These eruptions were always preceded by fever, which was proportioned in degree to the number of vesicles thrown out. This fact proves the constitutional character of the affection. On this point I may remark that I have several times seen patients suffering from pyrexia and general *malaise* on the day when in other cases an eruption has usually appeared; but of these I have taken no account. The pyrexia, however, has convinced my mind, that the activity of the virus does not always cease with the drying-up of the pock. Even after the local action has disappeared, there are periodical changes going on in the constitution, which are, according to circumstances, of greater or less energy, and which are manifested by fever and secondary eruptions. The most important point connected with these secondary affections is their periodicity. In some of the cases the eruption appeared on the tenth day from the day of vaccination; in others on the fifteenth day; whilst, in one case, the eruption was thrown out on the tenth day, it continued for a few days, then disappeared, and was observed again on the fifteenth day. In other instances the eruption appeared both on the fifteenth and twentieth days, or thereabouts. These cases further show the periodicity of the affection, and seem to reconcile the discrepancies between the cases that occurred on the tenth and fifteenth days respectively."

A discussion of some length took place, in which several fellows of the Society joined. The chief point discussed referred to the question whether the secondary eruption was the direct result of the vaccination, or merely the consequence of the irritation produced in the system by the introduction of a foreign matter. It was generally considered that the secondary eruption was the result of simple irritation produced in the system by the vaccine virus, and that any other source of irritation might have been followed by the same results; that, in fact, the eruption was due to the development of some latent disposition in the system to the eruptive disease which manifested itself. None of the speakers had been enabled from observation to connect the eruption with any periodicity in its appearance.

Mr. Ross, in reply, stated that the whole gist of his paper depended on this periodicity, of which he was certain, and without which his paper advanced nothing new. He thought the subject open to investigation, and upon that point was worthy of the serious consideration of the Society.—*Lancet*, Feb. 14, 1857.

Extraction versus Depression.—An opportunity for contrasting the results of extraction and depression operations for cataract was afforded by a patient at the Moorfields Ophthalmic, under Mr. Critchett's care, a few weeks ago. A woman, of about 45 had had depression performed in the left eye by another surgeon two years ago, and had subsequently had her right lens extracted by Mr. Critchett. Both operations had been perfect in their kind, but the right had become so much the more the useful eye, and so great was the annoyance to sight caused by the depressed lens in the left, that she was anxious to have extraction performed in it also. The lens, which was very opaque, lay quite below the pupil, and the latter was clear; but, from the movements of the former, much interference with vision resulted. No irritation had apparently been caused, and the visual powers of the eye were as good as ever. At the woman's own request, Mr. Critchett performed extraction, and hooked up the lens and removed it, the operation not being attended with any difficulty. It was interesting to observe that the lens, although for two years freed from its capsule, and displaced into the vitreous humour, had undergone almost no diminution. It was chalky in parts, and in others of a hard, gelatinous structure. Its non-absorption might be held to illustrate one of two things: either that a lens, in the condition described, is insusceptible of absorption, or that the vitreous humour does not possess any absorptive activity.

We may remark, that depression of cataract is an operation now very rarely, indeed, performed at Moorfields, partly from the conviction that, as shown in this instance, the sight so obtained is not so perfect as that after extraction; but more chiefly, because a belief is entertained that the eyes do not last, irritation being caused by the displaced lens communicated to the ciliary processes, and then to the retina, and ending in a few years in amaurosis.—*Med. Times and Gaz.*, Dec. 13, 1856.

THE STATE MEDICAL SOCIETY will hold its annual meeting in the city of Sandusky, on Tuesday the 2d day of June next. Let there be a large attendance.

MARRIED:

On Thursday morning, March 26th, by the Rev. J. White, DR. G. R. PATTON and FANNIE M. PATTERSON, all of this city.

On the 7th of April, 1857, in Christ's Church, by Bishop McIlvaine, DR. E. WILLIAMS to MISS. SALLIE B. MCGREW, both of this city.

Our friends above noticed have our sincerest good wishes for their happiness, prosperity and long life. Will not certain other bachelor neighbors act upon so practical a hint?

THE CINCINNATI MEDICAL OBSERVER.

CONDUCTED BY
DRS. GEO. MENDENHALL, JNO. A. MURPHY, AND E. B. STEVENS.

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ORIGINAL COMMUNICATIONS.

ART. 1.—*Quinine in Fever.* By ISAAC CASSELBERRY, M. D., Evansville, Ind.

QUININE is obtained by the processes of maceration, dessication, and crystalization. It is neither a product of fermentation nor distillation; it is not volatile; it is a fixed salt.

From whence are stimulants derived?

They are either directly or indirectly produced by the vegetative process; and are elaborated, purified, and concentrated by chemical action, under the natural laws of fermentation and of distillation. Brandy, whisky, rum, wine, ale, porter, cider, camphor, ammonia, and the essential oil of all scented plants, are volatile, more or less perishable by evaporation, and produced by fermentation and distillation. Quinine does not, therefore, possess those qualities common to medical agents universally recognized as stimulants. It gives increased strength to the automatic nervous force. When, from the force of any disturbing cause, the effete elements of the food and of the transformed tissues are retained in the blood, a diseased state of the blood is produced; the nutritive and effete elements are not normally transformed; a lesion of nutrition and of secretion exists; the organizing force of the automatic nervous system, which, in a normal state, creates, maintains, and governs the cellular formation and coalescence of these elements, is increased, decreased,

or perverted; the blood aggregates in the vascular system; in the capillaries of one organ or gland there will be a determination of blood with augmented function or secretion; in another there will be decreased and sometimes suspended function or secretion; in another there will be greatly multiplied manifestation of functional force, and often excessive and perverted nutrition.

There is a diseased transformation of all the tissues; a fever exists; it is manifested by symptoms; these assume a great multiplicity of appearances and forms produced by the pathological state of particular organs. The pathology of fever has been always obscured by speculative and fanciful theories concerning its causes. Many authors are confident they know *the cause*; each has endeavored to explain the symptoms and pathology by the *supposed* effect of what he regards the cause.

Hence, fever has received a vast multiplicity of names, many of which convey not the remotest indication of its special pathology, because they are derived from the aspect or predominance of a particular group of symptoms, or from the name of the locality in which it prevails. For practical purposes, all the tissues of the human organism may be arranged into three classes; the nervous, which creates and governs; the nutritive, which nourishes and restores; and the depurative, which eliminates and removes. Fever is a diseased transformation of all these tissues. It is first evinced by lesion of the automatic nervous force, and manifested by a retention of the effete elements of the transformed tissues in the blood. The tissues composing systems of organs of each of the classes possess a complementary relation of function. When there is a lesion of the automatic nervous force, the sensitive and excitomotory systems compensate by increased sensation and multiplied motion; when there is a lesion of function in the cutaneous glands, by which effete elements are retained in the blood, the lungs, the liver, and the kidneys eliminate and remove some of the retained elements. As the lungs are endowed with nutritive and depurative functions, when they are compelled to lend compensatory aid, they often become inflamed. From the anatomical structure of the hepatic and renal vascular systems, when the liver and the kidneys are required to compensate for the deficient

function of the pulmonary or cutaneous glands, they can only do so to a certain degree, after which congestion must transpire.

The increased compensatory functions of these nervous systems, and of these great depuratory glands are often characterized by particular names and assiduously arranged into a nomenclature, for fever giving it a vast multiplicity of names which are regarded as different and often distinct species, while they are only complications, pathological conditions necessarily incident to the lesion of the normal relation of function which should ever be maintained between these three groups of tissues.

The first pathological state in the incipency of fever is a lesion of automatic innervation, which produces a lesion of secretion and of nutrition. The effete elements of the food and of the transformed tissues are retained in the blood; both nutrition and secretion are decreased or perverted. Neither a normal quantity of food is required, nor could it be assimilated were it ingested. There is no longer a perfect equilibrium between the processes of waste and of repair. The more abundant the nutritive elements in the blood, the more manifest will be the diseased transformation; because the force of nutritive attraction between these elements is transmuted into chemical force or action; and, as superior quantity is always equal to increased affinity, the chemical force must be multiplied in intensity. This is fully evinced in every robust individual who suffers of fever by great heat of the skin, tumultuous throbbing of the arterial system, and agonizing pain of the head and of the lumbar region. Inflammation or excessive and perverted nutrition will soon be produced in the capillaries of one or more of the great depurative glands, unless appropriate curative agents be employed.

When, either from atmospheric vicissitudes, or from food improper in quantity, or inferior in quality, the nutritive elements in the blood are diminished below a normal quantity, and, from the force of the same disturbing causes, the effete elements are greatly multiplied, congestion of these glands is *always* produced. The degree of congestion will always be commensurate with the force and duration of the disturbing cause. and the force of resistance offered by the organism. Neither the nutritive nor effete elements of the blood undergo normal cellular changes. Every

tissue of the organism suffers for appropriate nourishment. Those more immediately concerned in the processes of nutrition most early evince the requirements of food to perpetuate their normal force in the organism.

As the automatic nervous system creates, governs, and maintains all the tissues by its organizing force acting upon the organizable elements of the food, it is the first tissue to evince a want of nourishment, when a lesion of nutrition exists. When food is improper in quantity, or inferior in quality, this tissue must suffer; its organizing force must be decreased or perverted.

When the disturbing force of atmospheric vicissitudes produces a lesion of automatic innervation, the organizing force of this tissue, by which the mutations in the cells of the blood are produced, is decreased or perverted in every tissue of the organism, so that neither the nutritive nor effete elements of the blood undergo cellular changes with normal regularity and rapidity.

A state of perfect equilibrium must ever be maintained between all the different forms of force manifested by the automatic nervous system. When this is disturbed, one form of force is transmuted, in a greater or less quantity, into that of another; and, as superior quantity is equal to increased affinity, it follows, that that form of force which is augmented by the transmutation of another, must continue to increase by the multiplied intensity, until the diminished form of force is consumed.

This is what transpires in fever, or a diseased transformation of all the tissues. The disturbing force of atmospheric vicissitudes produces a lesion of the force of attraction between the nutritive elements and a lesion of the force of effete repulsion between the effete constituents of the food, and of the transformed tissues; a portion of each of these forms of the automatic nervous force is transmuted into what may be called chemical force. This aggregates in intensity by the increased affinity of a superior quantity, by a continuance of the disturbing force of the atmospheric vicissitudes, and by the diminished force of resistance offered by the enfeebled organism, until it consumes all the different forms of the automatic nervous force.

From its elementary constituents and their chemical combination, quinine gives more tone or strength to the automatic nervous

system, when its different forms of force are in this manner disturbed, than any other medicinal substance. It is true that many articles of the *materia medica* produce similar effects; many are valuable adjuvants to quinine, but none will accomplish the same purposes in so happy a manner.

From this brief outline of the pathology of fever and of the mode in which quinine produces curative effects, the inquiry arises, in what quantity, at each dose, should it be administered? Concerning this there is a great difference of opinion among physicians, because they entertain diverse views both of the pathology of fever and of the manner in which quinine excites action in the human organization. But I will not extend this paper by reviewing these opinions.

An attentive consideration of the pathology of fever, and a careful study of the influence quinine has upon the automatic nervous system, most clearly indicate the quantity which should be administered during a given period of time. From the physiological fact that quinine gives tone or strength to the automatic nervous system, and from the pathological fact that in fever the automatic nervous force suffers a more considerable lesion in the capillaries of one gland than in those of another, and often in the different capillaries of the same gland, the quantity of quinine should be carefully adapted to the production or manifestation of certain functional actions, for where there is a lesion of automatic innervation, there must be a greater or less degree of chemical force or action generated and developed between the elementary constituents of the blood, by the transmutation of the automatic nervous force into this force; and as the automatic force is less disturbed, and, therefore, possesses more intensity in the capillaries of one gland than in those of another, or in the different capillaries of the same gland, additional tone or strength should be carefully given to this force so that it may not be perverted.

From one to three grains is a sufficient quantity to be administered to an adult at a dose. This may be repeated every two or three hours, until all the glands assume a normal secretory function; because normal secretion is the best evidence of a normal state of equilibrium between the different forms of the automatic

nervous force. Its use should never be discontinued until this result is produced, or fever may recur. At each recurrence the organism is more and more liable to serious complications. When the organic functions become normal some other tonics may often be advantageously substituted or conjoined with quinine. An attentive consideration of their properties, and the condition of the organism, should govern our selection. The particular state of the organic functions and of the atmospheric vicissitudes to which the individual may be exposed, should be carefully studied; the requirements of the automatic forces closely observed; then, out of the comprehensive class of vegetable and mineral tonics an efficacious combination may be prescribed.

So much is the mind of the profession still impressed by the doctrines of the ancient, and many of the modern physicians upon fever, that *symptoms* are often mistaken for the *disease* itself. They teach us that fever may remit morning and evening, or that it may intermit for a day or two and recur with definite periodicity. The increased heat of the skin, tumultuous throbbing of the heart and arteries, and the paroxysm of chill, are mistaken for the fever, while they should only be regarded as sentinels on duty; they indicate the presence of the enemy and manifest the degree of resistance offered to his invasion by the organism.

A chill is only an agonizing appeal of the automatic nervous system to the excitomotory system, for relief from the excess of chemical force generated by the transmuted automatic nervous force, and developed by an abnormal extension of the chemical force to that of the excitomotory. When the excitomotory system responds, the muscles are convulsed in paroxysms or continuously—a chill pervades the organism. When the chemical force extends to that of the sensitive nervous system pain is produced, and the sensation of increased heat manifested. These two nervous systems lend a compensatory force to that of the automatic; an increased transformation of the elements of the blood is produced; the capillary circulation is multiplied and accelerated; augmented heat of the surface is developed and perpetuated, until the excess of the chemical force is consumed, when the excitomotory and sensitive systems become tranquil.

Although the blood in all the capillaries is equally diseased,

yet, as the forms of force lent to the automatic, by the excitomatory and sensitive systems, are not equally distributed through the capillaries of all the tissues, we almost always observe that, while this compensatory force assists in the consumption of the excess of the chemical force in some of the capillaries, it greatly augments that force in others. The mechanical force of the convulsed muscular contractions, which take place during a chill, facilitates the production of congestion in the portal system; the excess of the chemical force in the accumulated blood enfeebles that of the automatic; the elements of the blood, although greatly aggregated, are not, therefore, transformed with normal rapidity, and the secretory function of the great depuratory glands is decreased and often perverted; but, as the capillaries of these glands are rarely equally congested, the elements of the blood are feebly and slowly transformed in some, while they undergo rapid but perverted mutations in others. When they are abnormally transformed, the nutritive may aggregate upon the sides of the capillaries and constitute excessive and perverted nutrition or inflammation. This often transpires when the excess of chemical force is not speedily consumed. The mode in which these complications are produced and perpetuated, evinces most clearly the urgent necessity for the early administration of quinine, because it would give the automatic nervous force sufficient intensity to consume the excess of the chemical force before it extends to the excitomatory and sensitive nervous tissues. It is but seldom, however, that the advice of the physician is required until after this has taken place. It is his duty to prevent its recurrence at the earliest possible period, by the administration of quinine and other appropriate remedial agents.

The field for a judicious and comprehensive display of professional skill expands before the physician. He should neither be allured by the gorgeous exuberance of exotic flowers, nor be deterred by the dreary aspect of thorny thistles. He should carefully and thoughtfully survey the whole. He will then discover the wending streamlets which are contaminating the fountain of life. A combination of remedial agents must be employed to restore the triune state of diseased transformation of the tissues to a normal state of equilibrium. The effete elements of the

food and of the transformed tissues, abnormally retained in the blood, must be eliminated and removed. There is a lesion of the capillary circulation; the blood of the external capillaries has, in a great degree, receded to the portal venous system, which is thereby congested, while the external capillaries are anæmic; a recession of the blood, abnormally aggregated in this system, must be produced before the great depuratory glands can efficiently assume increased secretion; because the excess of the chemical force in the morbidly accumulated blood of the hepatic and renal capillaries so diminishes the intensity of the automatic nervous force of these vessels, that the transformation and coalescence of the elements of the blood in them transpires feebly and imperfectly, while the diminished quantity and abnormal quality of the blood in the external capillaries causes an almost equally destructive disturbance to the equilibrium of the different forms of the automatic nervous force, which should prevail in these vessels.

Hence other remedial agents should always be conjoined with the quinine, and often precede its employment, to effect the restoration of a sufficient degree of equilibrium between the different forms of the automatic nervous force to enable it to consume, by cellular action, in a safe and efficient manner, the excess of the chemical force. When the portal system is congested, calomel should always precede quinine; but, when danger from congestion is great, they may often be advantageously given alternately, at brief intervals. The whole external surface should, at the same time, be enveloped in cotton or linen sheets, wet in hot water, when this surface is cold, and in cold water when it is hot.

To accelerate the action of calomel on the portal congestion, injections of a large quantity of warm water should be frequently employed. The patient should be pumped *full* of water, every hour, until, by the conjoined action of the calomel and water, the liver begins to eliminate a dark pitchy secretion, then the injections and wet sheets may be discontinued; the quantity of calomel diminished, and that of quinine cautiously increased.

The physician should now carefully search for evidences of inflammation; for, as neither all the capillaries of the liver, of the kidneys, nor of the lungs were equally congested, they may not be equally relieved. Some may remain still congested, while excessive and

perverted nutrition begins to form in others. The effects of calomel should be assiduously observed ; and as soon as the secretion of the liver changes from a dark pitchy aspect to a green color, it may be temporarily discontinued. Sulphate of morphine may now often be advantageously combined with quinine, if there be neither inflammation nor congestion of the brain on its lining membranes. It gives increased intensity to the automatic nervous force, when the chemical force has previously extended to the excitomotory and sensitive nervous tissues. Hence great caution should be observed in regard to its use.

It should ever be borne in mind that whenever congestion of the portal venous system exists, there must be an anæmic condition of the external capillaries. These abnormal conditions of the circulation are often so slowly and so insidiously produced by the disturbing force of atmospheric vicissitudes, as to disease the functions of the whole organism without the manifestation of the more characteristic symptoms of fever. The symptoms of fever are present, but so obscurely as scarcely to attract the attention of the sufferer. There is great languor, lassitude and debility, coated tongue, want of appetite, perspiration, alternated with a peculiar, deadly dryness of the skin, a distension and often a soreness in the region of the liver, a yellow tinge of the skin and conjunctiva, a scant, high-colored, and often an albuminous urine, and an ash-colored feces, often alternated with a peculiar fetid green. Fever is present without the symptoms of a chill, a tumultuous throbbing of the heart and arteries, or the increased heat of the skin. Should these symptoms supervene, the fever is *named* according to their predominance or duration. Without these symptoms fever is almost always called a *disease* of the *liver*, and treated by relying upon blue mass and other inadequate remedies.

In low and damp districts, in which the atmospheric vicissitudes are great, fever without chills or increased heat of the skin is often observed, and its progress is always of protracted duration ; because neither the excitomotory, the sensitive, nor the muscular system lend any considerable compensatory force to assist that of the automatic in the consumption of the excess of the chemical

force which has been slowly formed by the gradual transmutation of the normal automatic.

Quinine, with adjuvant remedies, should be employed to restore the functions of the great depuratory glands, by whose secretory action the blood must be depurated of retained effete elements. Calomel and blue mass are valuable adjuvants; but too much confidence is almost always reposed in them, because the liver is regarded as the seat of the disease, while the disease pervades every tissue, with only a predominance of local manifestation in the hepatic functions. The lesions of secretion and of nutrition diminish the quantity and change the quality of the blood, so that the secretory action of all the depuratory glands is perverted. Hence remedial agents should be general; they should be addressed to all these glands. Quinine should be combined with blue mass in equal portion, and administered every four hours, until the liver begins to secrete dark bilious matter, when a cathartic, of equal parts of rhubarb and aloes, should be directed. This should be repeated once in every twenty-four hours, until the bile in the discharge looks healthy.

While the patient is taking these purges he should take of the following a tablespoonful, morning, noon, and night, one hour before eating:

R	Sulph. quinine,	3i.
	Columbo R., bruised,	
	Wild cherry bark, bruised,	
	Buchu. leaves,	āā 3i.
	Whisky, best,	Oss.
	Water,	Oiss.

M.

This is an efficacious combination, because it produces action in all the depurative glands, and affords an agreeable stimulant to the digestive and assimilative organs which have long been disturbed and debilitated.

When the pills of rhubarb and aloes are discontinued, ferruginous pills should be administered one hour after eating, three times a day. Precipitated carbonate will generally be found to

is the most efficacious preparation of iron, although when there is diarrhea or indigestion I would prefer the muriated tincture to this. What I have said of fever without chills, or increased heat of the skin, will apply when these symptoms supervene upon the same condition of the depuratory glands except the quinine, and blue pill should be directed every two hours instead of four, so as to remove the cause of these symptoms at the earliest possible period.

Warm or cold bathing, according to the particular condition of the patient, affords a valuable adjuvant to quinine in the treatment of fever. It should never be dispensed with, because it contributes so essentially and so directly to an early restoration of the functions of the external capillaries.

When the secretory function of the depuratory glands has long been decreased and perverted, sanguinaria often gives increased efficacy to the tonic combination, and should, therefore, generally constitute one of the articles of the compound.

Nitric and muriatic acids are often valuable adjuvants, especially when there is deficient action in the hepatic functions.

When quinine is properly used, in combination with other adjuvant remedies, a safe and early restoration to health may almost always be confidently anticipated.

The profession should regard fever a *continuous* disease of all the tissues, because it is *only* the *symptoms* which manifest periodicity. When this view of the pathology of fever is generally received, the administration of remedial agents will give infinitely much more satisfactory results.

ART. II.—*Cerebro-Spinal Meningitis, terminating in Insanity. A case*, by A. P. DUTCHER, M. D., Enon Valley, Penn.

NOVEMBER 8, 1856. Called this day to see Mr. P. F., aged 21. Nervo-Bilious Temperament.

History.—Has had good health until the first of May last, when he had an attack of the mumps. Before he had entirely recovered from them, he went into the creek to wash sheep. He took a violent cold; had fever, with great pain in his head and

back. These symptoms continued a few days, when they gradually subsided, and he apparently regained his usual health, with the exception of a pain in the back of his head and neck, with an inability to sleep at night. Notwithstanding these difficulties he has been able to attend to the duties of his farm, until within a few days. His habits have been temperate, with the exception of that ruinous vice, *Onanism*, this he has undoubtedly carried to great excess.

Present Condition.—Pulse, 112 per minute; respirations, 30; skin, hot and dry; tongue, very much coated; head, very hot; bowels, costive and tumefied; Urine, scanty and high colored; the eye dull, and very sensitive to light. Complains of severe pain in the back of the head and neck, and a buzzing in his ears, which he says prevents him from sleeping at night. The entire spine is very tender to the touch. The slightest pressure causes him to cry out with pain. His head is slightly drawn backward, and there is considerable twitching of the muscles of the right side of his face, with a constant rolling of his head from side to side upon his pillow. There is constant thirst, with irritability of the stomach. Last evening he had a severe chill, and was deranged all night. This morning he is more sane. *Diagnosis*, Cerebro-Spinal Meningitis.

Treatment.—Bleeding, xx oz.; cups along the entire spine; Sub. Mur. Hyd., grs xv., to be followed in six hours with senna and salts; cold to the head, and sinap. to the extremities.

9th.—Pulse, 102; skin, hot and dry; thirst, very great; still complains of pain in the back of the head and neck; has not slept any during the night; bowels have been freely moved; applied blister to the back of the neck, and gave the following every three hours.

R	Sub. Mur. Hyd.,	gr. ii.
	Nit. Potassa,	gr. iv.
	Pulv. Ipecac.,	gr. ii. M.

10th.—This morning, at 5 o'clock, patient escaped from his nurses and came to my house, about two miles, over the frozen ground, barefoot, with no clothing on but his shirt and pants. During this day he had fever, and was quite deranged. He made

frequent attempts, during the night, to get out of doors and escape from those who attended him. The blister that was applied yesterday raised well. Continued the Sub. Mur. Hyd., etc.

11th.—This morning is still very violent; no improvement in the general symptoms; removed patient home, and continued treatment.

12th.—Has been more sane since his return home; slept some during the night; pulse, 100; skin, still dry and very warm.

13th.—Pulse, 105; more fever; complains of pain in the forehead; cupped the temples, and continued Sub. Mur. Hyd. etc.

14th.—Pulse, 100; slept some during the night, and is more rational this morning; complains of double vision, slight *strabismus* of the right eye, and strong flexion of the right arm; blister on the neck secreting well; continued treatment.

15th.—Symptoms of *ptyalism*; discontinued the Sub. Mur. Hyd., and gave tartar emetic, $\frac{1}{2}$ gr. every three hours.

16th.—Pulse, 87; skin, moist and warm; the bowels have been freely moved; the kidneys and excreting urine loaded with an excess of uric acid; he appears quite sane this morning; complains still of pain in the back of his head, forehead, and neck; cupped the temples, and continued tartar emetic $\frac{1}{4}$ gr. every three hours.

17th.—Pulse, 85; has slept well during the night; no fever, and complains of no pain; the flexion of the arm and strabismus have disappeared; blister secreting well; has asked for food several times during the morning, and is quite rational; ordered rice water, and continued tartar emetic every six hours.

18th.—This morning found my patient just coming out of a severe spasm; he had had several during the night; these continued at intervals of about two hours, for thirty-six hours; each spasm continued about an hour; the whole body was strongly convulsed; the head and neck were drawn back, the chest fixed, the eyelids were thrown wide open, and the pupils very much dilated; the face quite livid, and froth issued from the mouth; the pulse was imperceptible, and respiration was suspended; between the spasms he was quite comatose, and was not able to swallow any thing that we attempted to give him.

20th.—Has not had any spasms for the last six hours; pulse,

62; pupils very much dilated; head drawn back; lower extremities flexed; hands constantly applied to the genitals, with marks of semen upon his linen; not so comatose as on yesterday; answers questions slowly, but perfectly correct; blister to the back of the neck renewed, and applied the same to the calves of the legs.

21st.—Pulse 65, and very small; blister raised well; general symptoms not any better; the capillary circulation is very weak; his countenance looks pinched and livid; the pupils are very much dilated, and do not contract under the influence of strong light; the excrements are passed involuntarily.

22d.—Pulse, 67; respiration irregular; has not been able to swallow any food or medicine for four days.

23d.—Pulse 70, and stronger; not so comatose; spoke sane, and asked for a drink. In consultation with my friend, Dr. D. Leasure, of New Castle, Penn., and at his suggestion, I again commenced to give the Sub. Mur. Hyd., in two grain doses, every three hours. This was continued for three days, when severe ptyalism ensued, and it was discontinued. The blisters were also made to secrete freely, by the ung. savine, and diet was prescribed as he could bear it.

General Remarks.—Under the above treatment he gradually became convalescent. But as he regained his usual physical health, he became quite insane. This was manifested mostly by an inordinate activity of the PROPENSITIES, particularly, amative-ness, combativeness, and destructiveness. At times he was unusually violent, exerting such prodigious strength, that it required two or three men to restrain him from injuring persons and things around him. His more immediate friends were the particular objects of his hate. On several occasions he made some desperate attempts to injure his mother and sisters. His presence having thus become very annoying, and dangerous to his family, I recommended his removal to some Insane Asylum.

On the 17th of December he was taken to the Pennsylvania Insane Asylum, at Harrisburg. And from a letter received a few days since, (April 17, 1857), from Dr. Curwin, the excellent superintendent of that institution, I am informed that he is no better, and very little hopes are entertained by the Doctor that he will ever be. And, indeed, it was a wonder to me how he sur-

vived the first attack of the disease. For I can not now remember to have seen a single case recover from this disease that presented the same features as this. The damage which his brain has sustained from this inflammatory attack, are, in my judgment, irremediable. As to the precise nature of these injuries we are unable to determine, but as to their locality we can speak with more confidence. The principal lesions are, without doubt, confined to the cerebellum, and inferior portions of the middle lobes of the cerebrum, for it has been demonstrated, time and again, that these parts of the brain perform, with some other functions, that of locomotion, amateness, combativeness, and destructiveness. The medulla spinalis escaped uninjured.

In addition to the history of this case, I might say that there is a slight trace of insanity running through his mother's family. I am informed that, several years since, Mrs. F. was partially deranged, for some months, in consequence of domestic trouble. At the present time she appears to be of sound mind, but somewhat eccentric in her manners. The father of our patient dying when he was quite young, he has been obliged to work very hard, and has had but little time for mental improvement. His secret vice has also retarded his physical growth, and very seriously injured his brain. And it is a question, whether it has not been, at least, one of the incidental causes of his derangement. Self-pollution is one of the most injurious habits that a youth can follow. It pollutes the very fountain of life, it causes many loathsome and incurable diseases, and sheds mildew and blight over every faculty of the mind.

TRANSLATIONS.

ART. III.—*Of Sudden Deaths in the Puerperal State, from Dynamic Lesions of the Nervous Centres; read before the Medical Society of Bordeaux, the 19th of January, 1857, by Dr. CH. DUBREUILH. Translated, by the Editors, from "The L'Union Medicale de la Gironde."*

THE study of sudden deaths in the puerperal state has not received much attention in works on obstetrics, even the most recent.

With the exception of some observations, published recently, calling attention to the possibility of this fatal termination, we have but divers and contradictory opinions to explain it. I do not intend, gentlemen, to discuss, at present, but one of the points still obscure, of this great question, whose history I intend to write some time hence. The subject of the present meeting will be the dynamic lesions of the nervous centres, which may induce the sudden death of a woman who is in labor, or who has been delivered for a longer or shorter time. I will include all those cases in which death has taken place suddenly, without any cause whatever being found in the apparent state of the nervous centres or other organs to explain it.

Every thing leads us to believe, says M. Aran, in his excellent thesis for the *aggregation*, that, in some of the cases, there ought to exist lesions, which science will discover one day. But there are some in which we will be forced to admit an intimate lesion of the nervous substance, a lesion momentary and transient, whose effects may be promptly fatal, in which the cadaveric examination will not afford us any traces.

Several years ago M. Channet, in one of his clinical lectures, made the remark that, among four hundred and fifty individuals who died at Charity Hospital, he had seen seven die in a way quite unexpected, without the most careful researches affording any thing which could explain the quick and fatal termination. The subjects of these observations were all young women, but recently delivered, whose condition apparently was the most satisfactory.¹ When a woman has conceived, a profound modification of the entire organism takes place, which exalts her sensibility and renders her more susceptible and more impressible to the action of physical and moral agents. It is this modification which constitutes the puerperal state, a condition produced by conception, developed by the pregnancy, augmented by the pains of labor, prolonged and debilitating during nursing, and not ceasing until the woman has resumed the habitual condition. In the production of sudden deaths in the puerperal state, the physician must never lose sight of the important rôle which the nervous

(1) Clinique des Hôspit., † 2 p. 154.

system plays as an agent of transmission. If the boldest theory can not always imagine or discover a cause there, or the cadaveric examination does not afford us any trace of the lesion, physiological and anatomical investigations can, at least, aid us a great deal in its conception.

We range in the class of sudden deaths by dynamic lesions of the nervous centres, the cases in which death has taken place suddenly in consequence of syncope, of pain, and of a high moral emotion.

1st. *Syncope*.—There is nothing more frequent than syncope during the puerperal state. This morbid phenomenon is observed often during pregnancy and labor, and sometimes at a time more or less prolonged after delivery. We have seen many times feeble or nervous women fall into syncope from the most trifling cause, and sometimes without any known cause. This condition may occur often, especially in the first months; and is always very alarming to those who are present, being very often fatal, especially after delivery. In the absence of appreciable anatomical lesions, syncope is one of the causes which has been the most frequently supposed to explain the sudden death in the puerperal state.

The energy of the brain, says Cullen, being evidently, on different occasions stronger or weaker, it seems that its action can not augment without being necessarily followed by a state of debility. We may consequently understand, according to this law of nervous power, how the sudden and violent action of the energy of the brain is sometimes followed by such a diminution in the force of this energy, that it produces syncope and even death. It is in this way, I suppose, according to the same principle, that an acute pain may sometimes augment the energy of the brain to a degree more considerable than it can support, from which there results a diminution of force which must occasion fainting. But the consequence of this principle becomes more evident at the time of the syncope, which supervenes easily, when a severe pain ceases all at once. It appears that it is in a manner entirely analogous, that syncope succeeds instantly on a violent effort, continued for a long time, whether this effort is voluntary or

in the documents furnished by the experiments of two learned professors, M. M. Gavaret and Andral, and we must say that practice confirms the theory. It is, also, with an entire confidence that we proclaim boldly, to-day, what we affirmed timidly a simple note; the hydroemia is, in pregnant women, the most frequent cause of functional troubles attributed, until the present time, to plethora."

It is established from the table, which M. Regnaud has given an excellent thesis, that in pregnant women, not only the serum is found in greater abundance relative to the fibrine and globules, but that it becomes itself less rich in solid parts, which necessarily contributes to increase the total mass of water which the blood contains.

These results of chemical analysis, as also the physical qualities of the blood agree with those which we find in women in the puerperal state; on the other hand, chlorosis and anæmia being essentially characterized by the diminution of its globules, and the augmentation of the water, it is rational to conclude, that all these functional troubles, observed during pregnancy, ought to be attributed to chloro-anæmia; they are, besides, identical with those which have been observed in chlorotic women. These considerations, and the existence of chloro-anæmic state, are not indifferent to the subject which occupies us; for with subjects prostrated by losses of blood, or by abundant evacuations, whatever may be their nature, in chlorotic persons we have seen sudden death take place in a very unexpected manner, and in the most various circumstances. This particular condition of the blood may, in the special circumstances of the puerperal state, have an immense influence in the production of these mortal syncope, and become a cause of sudden death. To this particular state of chloroemia, in the pregnant woman, may be very rationally attributed several of these fatal terminations, in which the scalpel has failed to find any trace of appreciable lesion.

It is justly, according to M. Devergie, that this want of pathological alteration coincides always with death by syncope, which forms, so to speak, one of its characters, one of its concomitant circumstances. Very often syncope will be a result entirely mechanical, an effect of the sudden withdrawal of the blood from

the brain; the nervous center falls then into a nervous collapse, in consequence of which syncope, and even death may supervene. This may be the cause of syncope after accouchement. In effect, the uterus, assuming then, rapidly, dimensions smaller than those which it had during gestation, leaves a free expansion to the large vessels of the pelvis, and then a very powerful sanguine raptus takes place in this region, at the expense of the liquid which nourishes the superior extremities; this is a very different cause from that of the syncope coming on after a hemorrhage. The accoucheur, says M. Cazeaux, must know, that the syncopes which come on after delivery, are not always the result of a hemorrhage; we have observed it quite often in consequence of very rapid labors. The womb being emptied suddenly, the hypogastric vessels cease immediately to be compressed as they were during the latter months of gestation; the circulation becomes more free and easy, and the rapidity with which the blood abandons the head and inferior extremities, to flow into the vessels of the inferior abdominal regions, produces syncope very often.

Observation 1st. The young wife of one of our confrères was affected, during the last three months of her pregnancy, by vomiting, so stubborn that she could retain nothing. Continued fever followed, with nocturnal paroxysms, with great loss of flesh, and prostration. She completed the term of a very painful pregnancy—the labor lasted ten hours. During the stage of expulsion, which lasted four hours, an imperious duty obliged me to absent myself. Immediately after the spontaneous termination of the labor, the unfortunate woman had a first syncope; and, although the uterus properly contracted, did not allow any hemorrhage, she expired three-quarters of an hour after, in spite of the internal and external use of the most powerful tonics.—(*Cazeaux*, p. 814.)

This same mechanism of syncope holds good when it manifests itself during labor, and when it is followed by death. The loss of a great quantity of water has the same effect of emptying suddenly, the uterus, and producing a syncope analogous to that which is observed in cases of abdominal paracentesis.

Observation 2d. A poor woman of Charity Hospital had been in labor since five o'clock. The membranes ruptured, a great quantity of water escaped, and from this time she felt excessively

weak. Feeling the desire of using the night-vessel, she sat upon it, and made some expulsive efforts, and fell over in a syncope. She was immediately placed in a horizontal position; but she was scarcely laid upon the bed before she was dead. At the autopsy nothing was found to explain the death.—(*Davis.*)

When sudden death takes place, a longer or shorter time after delivery, the result of the experiments of MM. Piorry and Marshall Hall, on the production of syncope, is perfectly applicable. Two things may then produce it: a deficient excitation of the cerebral substance by the deviated blood, by reason of the equilibrium of weight, from its normal course, and the sitting position. Often, indeed, as the following observations prove, it is at the moment when the patients raise up, or when they are raised, that these terrible accidents take place. One of the most curious results, in regard to deaths of this kind, says M. Aran (thesis cited), is the influence of position. Some animals who appeared dead, were re-animated by placing them in a horizontal position, or by placing the head lower than the rest of the body. Some individuals, weakened by suffering, whose blood has been impoverished, faint as soon as they assumed the erect position; if they are permitted to remain in the standing or sitting position they do not recover their senses, but lying down they recover immediately. This suspension of cerebral innervation may be followed by the definite suspension of the other functions—a suspension which nothing can remove. We have then the origin of the deaths so frequent in convalescence after accouchement.

Observation 3d. A young woman, 25 years of age, the mother of two children, being much agitated on account of political troubles, decided to go to Versailles to be delivered. She was very happily delivered; nothing unusual occurred; her health was perfectly good until the ninth day, when sitting up in bed, about to eat something, she fainted, and died immediately, in spite of the usual means. (Dehous, thesis 1854.)

Observation 4th. M. Robert has seen two such cases. A young woman, who was not a *primipara*, died the sixteenth day, although still in bed, while making some part of her toilet.

Observation 5th. Another woman, the mother of several children, died on the sixteenth day, when she began to take her

breakfast. No autopsy was had. (*Surgical Society*, meeting 7th January, 1852.)

Observation 6th. An accoucheur was called to attend a young woman, pregnant with her first child, and at term. The labor had commenced, and while he withdrew for some time, a syncope came on, without any known cause. On his return this fact was communicated to him; but, as the patient appeared perfectly well, no attention was paid to it, and the delivery took place without an untoward symptom. Three days afterward, she took a purgative, and while at stool she fell over, and expired immediately. (Merriman, *Union Medicale*, 23d June, 1853.)

In a memoir, entitled "Researches on Sudden Deaths in the Puerperal State," published by Mr. McClintock, of Dublin,^o we find some remarks on a morbid state, described by the name of idiopathic asphyxia, which is perhaps but a syncope. Idiopathic asphyxia, says Christison, causes death, almost instantaneously, in some minutes, or rather, in some cases at the end of an hour and a half. The symptoms are those of syncope. The only alteration which is found in the cadaver consists in the flaccidity of the heart, with an almost entire emptiness of its cavities. In the original memoir, which he has published, on this disease, in the first volume of the *Medico-Chirurgical Transactions*, M. Chevallier relates the case of the sudden death of a lady, three hours after she had been delivered of twins. He made an autopsy, and from what he observed he was led to conclude, that death could only be attributed to this particular form of asphyxia.

The same author reports, from Morgagni, a case of rapid death in the puerperal state, which seemed to be owing to the same cause. M. Backer gives an account of two cases, which support the preceding. In these two cases, death supervened quite suddenly, when it was least expected, a few days after delivery. At the autopsy no other condition could be found to explain the death, than an abnormal flaccidity of the heart, with complete absence of blood in its cavities. If we admit this cause of death, adds Mr. McClintock, we do not see why it may not attack puerperal women. Much more, if we admit, as certain persons do,

^o *Union Medicale*, 1855, p. 291.

and as I am not far from believing, that idiopathic asphyxia is nothing else than a variety or form of syncope, we must be still more disposed to admit the possibility of its production in women in the puerperal state; that is to say, in a state in which their constitution is already weakened by the parturient act, and which has for one of its chief characteristics, an abnormal disposition to morbid action, a particular excitability of the vascular system, and a pathological susceptibility of the nervous system. It requires several days for women to recover from the shock produced by labor, and during this period, whose duration varies, necessarily, in different circumstances, the vital resistance is diminished. Consequently, all kinds of impressions, which affect the body or mind, surprise the economy in much less favorable conditions. For all these reasons, it seems to me impossible not to admit, that several cases of sudden death, in the puerperal state, still unexplained, must be attributed to idiopathic asphyxia, or to a syncope.

[TO BE CONTINUED.]

[Translated by the Editors from the Gazette Hebdomadaire.]

ART. IV.—*Stubborn Cough; Divers Nervous Accidents; Obscure Diagnosis.*

M. GUIBOUT communicated lately to the Medical Society (of the department of the Seine), in Paris, the following interesting case upon which he hesitated to give an opinion:

In January, 1854, I was called to attend a young girl of about 25 years of age, belonging to a family of merchants in whom phthisis is hereditary; two or three of her brothers had died of this disease. This girl complained of a dry cough, continuous, not appearing to be entirely independent of an alteration of the pulmonary organs, which I treated by caustics applied to the sub-clavicular regions, by cod liver oil, and by sending her to the country. All the chest symptoms disappeared, and when she left the country she was in excellent health. Fifteen days after her return to Paris, a dry, metallic, fatiguing cough, made its appearance, which resisted the former treatment and all those which I

still further tried. A consultation with MM. Barth, Chomel and Gosselin was held.

It was held by one to be a cough of irritation; by another, the cause of the cough was an ulcerated cartilage, irritating the mucous membrane. Finally, local cauterizations were proposed. I tried successively and without any result, cauterizations with nit. argent, ammonia, then inhalations of chloroform were pushed to the production of sleep. At this period the cough ceased, to re-appear on waking. In the presence of all these fruitless attempts tracheotomy was proposed, which M. Gosselin refused to perform, because he did not think that there existed any material alterations in the cartilages of the larynx. M. Trousseau, who was called in January, 1857, diagnosed by exclusion a hysterical cough, and proposed, as an unique remedy, a voyage to the Pyrennes. The position of the parents did not allow her to follow this advice. A short time after, a fatiguing cough, whose characteristic had not changed, added itself to the other symptoms—hallucinations of sight and hearing, then vomiting immediately after ingestion of aliment and liquids. This vomiting resisted the use of all therapeutic means tried.

The general health, which had continued good, now gave way, as the patient could not retain any nourishment. The parents resolved to remove into another quarter of the city, but without any change to her health. The patient with great trouble was taken to Vincennes; and some days afterward, all the accidents disappeared.

Such, gentlemen, are the different phases of this affection, whose diagnosis remains to be established. Was it a hysteric cough, as M. Trousseau has believed? I will add that the education, the habits of the patient, her quiet and regular life would seem to preserve her from all the conditions which favor the development of hysterical affections.

M. Hervez de Chegoin cited the fact of a young person attacked eighteen months ago, with an incessant cough, the nature of which he did not understand, who was cured immediately by cold affusions on the back.

M. Duparcque related analogous facts of tenacious coughs which were happily cured by the cold affusions. At other times

he has seen marriage, with young girls, bring about a sudden disappearance of such accidents.

M. Jaquemin was opposed to applying the term *hysteric cough* to symptoms which are produced without uterine influence. It is a nervous cough, if we may so speak, which is not hysteric, since we observe it also in young men.

M. Delasiauro asked if the hallucinations in the young girl whose history M. Guibout had presented, constituted an integral part of the disease, or rather if they could not be ascribed with more probability to the medicines employed—stupefians and narcotics, whose action on the sense of sight and hearing, is an ordinary result upon all, after a more or less prolonged use. This is his interpretation of the case. As to the fact in itself, I will not seek to establish the diagnosis, but I will insist on this point, that by an attentive observation, we often find in the local conditions the explanation of analogous accidents which resist with tenacity every medication, if we do not succeed in recognizing and destroying the cause under the influence of which they were developed. I will mention, among others, the case of a woman who for fifteen days suffered from great nervous irritability, caused by the odor of a freshly-painted chamber, which yielded promptly when she had removed to another chamber; that of a merchant, who, in consequence of commercial excitement, experienced nocturnal agitations, and had a strong disposition to injure his child. This man lived in a low, badly-ventilated chamber. I advised him to ventilate his chamber before retiring to sleep; in some days quietude returned, and all the sensations experienced by the patient ceased.

In other cases we can not discover the cause, when we find ourselves reduced to try, turn by turn, the most various remedies. I have had occasion to observe a case of distressing cough, which after resisting all the means tried, disappeared quickly after the administration of a single dose of subnitrate of bismuth.

MEDICAL SOCIETIES.

ART. V.—*Report of Medical and Surgical Society of Sidney, Ohio.*
By THOS. L. NEAL, M. D., Sec'y. Diseases of Shelby county,
for the month ending April 14th, 1857.

AT a late meeting of the *Sidney Medical and Surgical Society*, it was made the duty of the Secretary to make an abstract from the reports of the members, which are made every week, and give to the editors of the *Cincinnati Medical Observer*, for monthly publication. In commencing such a report a reference to the general character of the diseases of the last part of winter may be excusable. The greatest number of cases have been inflammation of the pulmonary organs. During the latter part of February, mumps prevailed very extensively, but generally in so mild a form as not to require medical interference. Measles, although occurring occasionally, was also mild. Intermittent and remittent fevers, which have almost always prevailed with us, at all seasons, we find no account of in the reports. There have been a few cases of typhoid fever. The average mortality has been rather less than usual. There has been some difference in the extent and general features of diseases since about the time this report is intended to cover. Bronchitis and pneumonia, under the vague and vulgar term of "lung fever," has swept over our county to a great extent, confining itself principally to children. We find no great diversity in the plan of treatment, but that when the inflammations of bronchia, or parenchyma of the lungs of children yield to remedial measures, they do so, in the majority of cases, on or before the ninth day. Scarlet fever, in the simple form, is quite prevalent, yielding quite readily to treatment; yet a few cases of the malignant type are also reported, with, in most cases, an unfavorable termination. Parotitis still continues, but not so generally. We also find that croup has been quite busy with children, leaving them mostly in a few days, comparatively well. Intermittent fever made its appearance in a few instances about the middle of March, and the reports show a gradual increase ever since. A few cases of paroxysmal neuralgia are reported, and also a number of other cases of masked ague. The

number of cases of remittent fever had been small, but well marked. The cases of typhoid fever have not been numerous, and yielded readily to treatment. Some cases of pneumonia have assumed a typhoid type, and although quite a number of cases are reported as presenting an unfavorable aspect, but few have proved fatal. Although there has been an unusual amount of sickness the past month, there has not been more than an average mortality. Among the cases reported in detail, perhaps the following ones may possess sufficient general interest to justify their publication. The first we select from Dr. Beeman's reports.

On March 23d, 2 o'clock, P. M., I was called to see A. D., age 14. From her father I learned she had been taken, the day previous, with a severe pain in the head, accompanied with high fever and delirium. He had given her an active cathartic, after the operation of which she had less pain in the head, though the fever continued. On my arrival I found her with the above symptoms, and also complaining of a "severe burning in the stomach," pulse 106, tongue covered with a white coat, great thirst, pupils dilated, with some stupor. Prescribed *sub-murias hydrargri gr. ij.*, *ipsecac gr. ss.*, to be taken every three hours, alternated with a saturated solution of chlorate of potash one drachm.

At 10 o'clock, P. M., was called in haste to see my patient, as she was thought to be dying. On my arrival I found her somewhat better; she was reported as having a severe paroxysm of convulsions, lasting nearly an hour. She now complained of severe pain in the head, often stating, it "seemed as if her head would burst." Pulse reduced to 80 per minute, very irregular and intermittent; pupils largely dilated, and but slightly affected by light; the burning of the stomach not so severe. Ordered, *calomel gr. x.*, to be followed every three hours by three grain doses. Also gave infusion of *spigelia* at equal intervals.

24th. Morning. Patient much as at last visit. Has had three paroxysms of convulsions; pulse reduced to 50 per minute, and intermittent; stupor and delirium increased.

Evening. Has had two or three paroxysms during the day; none since 2, P. M.; bowels moved three times; has passed twenty-four large worms. Ordered *calomel gr. i.*, at bed time, to be repeated in the morning; continued the use of the infusion.

25th. Rested tolerably well; appears better in every respect; has had no more convulsions. From this time the case, after the administration of a dose of castor oil and turpentine, progressed rapidly to a cure.

The next is taken from Dr. Wilson's reports:

Malignant Scarlet Fever. Mary B., aged three years, was in apparent good health up to 3 o'clock, A. M., of the 8th day of this month (April), when she was attacked with vomiting, which recurred at short intervals till 7 o'clock, when I was called to see her. Found her with a frequent pulse, dry, hot skin, furred tongue, insatiable thirst, frequent emesis, distressed countenance, costive bowels, and hurried respiration.

R. Hyd. cum. cret. gr. x., s. now, and if vomiting should soon follow its exhibition to be repeated; also, apply sinapism over epigastrium, and

R. Camph. tr. opii,	gtts. xv.
Spts. nit. dulc.	f3ss.

To be given every two hours, after the operation of the cathartic. Seven hours later visited my patient, and found that the medicine had operated, and that the vomiting had only recurred twice during my absence; pulse very frequent; respiration more hurried; skin hot; tongue heavily furred, and red at the edges; increased thirst; scarlet rash on the lower extremities, extending partially over the body and upper extremities; was informed by the mother that it had first appeared on the lower extremities two or three hours before my visit; continued treatment. Two hours later the child was attacked with violent convulsions, which subsided mainly under the use of nauseants and revulsives; at 8 o'clock had another violent convulsion, which passed off in half an hour; continued nauseants and revulsives; had another violent convulsion at 11 o'clock, in which it died.

The next case is from the reports made by Dr. Neal, of a case of Hemicrania, treated ex. stramonium.

March 25th, 1857. E., aged 25, robust constitution, has had frequent attacks hemicrania, for which he has been purged, blistered, and put under the full effects of quinia and iron, without shortening the attack to less than two weeks. Complains of violent pain over the left eye, which almost subsides about

sundown, and returns again shortly after sunrise; bowels irregular, but inclined to constipation; tongue slightly furred; pulse 80; skin dry; urine scanty, and high colored. Ordered four comp. cathartic pills of U. S. Phar. to be taken at bed time.

26th. Medicine operated briskly; almost entirely free from pain till 7½ A. M., when it returned with greater severity than ever.

R. Ex. Stramonium, gr. ij.
Rosar conserv. q. s.

Mix. Pil. viij., s., one every three hours.

27th. Patient presents more lively appearance; complains of good deal of pain yet. Ordered two pills to be taken every four hours.

28th. No better. Feels no effect from stram.; increase dose to one grain every six hours.

29th. Complains of vertigo, and "disagreeable sense of drunkenness;" pupils dilated; no pain.

This patient complained for about forty hours of a disagreeable feeling in his head, but has had no more pain in the head.

C O R R E S P O N D E N C E .

Boston, May 7, 1857.

Messrs. Editors:

ONCE more the genial warmth of returning spring begins to manifest itself among us, to the infinite delight of the phthisical patient, who seems to put on a more hopeful smile as the climate softens; yet he trembles; for, as Hood says,

"Fair is the vernal quarter of the year!
And fair its early buddings, and its blowings—
But just suppose Consumption's seeds appear
With other sowings!"

Our east winds, in the spring season of the year, are rather prejudicial to those whose proclivities are decidedly phthisical, or asthmatic; hence, many, whose circumstances will admit, seek a

more congenial climate, for a time, while others stay behind, and soliloquize !

“ For us, we find, when eastern winds are high,
A frigid, not a genial inspiration ;
Nor can, like iron-chested Chubb, defy
An inflammation.”

In summer many leave the “ sea shore ” for the invigorating air of some mountainous region, while another class of nervo-bilious persons find the climate of our “ rock-bound coasts,” and the daily plunge into old Neptune’s swelling surf, of the highest importance in giving tone and vigor to the languid powers of the body.

Every day confirms the opinion, that if a change of climate is contemplated by a phthisical invalid, it should be done early, if any real advantage is to be obtained. Many of our eastern people, who exhibit some premonitory symptoms of phthisis, find a residence in your western domain highly conducive in removing their physical suffering. How this unfortunate class, a few years ago were doomed to remain within doors, in close rooms, cut off from the pure air without, and left to waste and fade like the flower withdrawn from the light of day and the sun’s vivifying influences ! Thanks to the hygienic progress of our science.

Cod liver oil has lost, somewhat, its popularity in the treatment of consumption. Whisky and fusel oil are prescribed, to considerable extent, at present.

From the report of the city Registrar, of the births, marriages, and deaths, in Boston, for 1856, I find some interesting statistical facts. During the year, there were 5,922 births—3,053 males, 2,869 females—an increase of 106 over the previous year: being as 1 to 27.48 of the population. There were fifty-two twin births, and two cases of triplets—one set being males, the other females. There were 2,914 intentions of marriage entered during the year—147 less than in 1855—showing that *leap year* was not fully appreciated by the ladies. Among the males married were 60 minors ; also, 206 females under 19 years of age. There were 397 instances in which the brides were *older* than the grooms. The mortality of the year 1856, shows that there were 4,253 deaths during that period—an increase of 173 over the recorded deaths of the previous year.

No epidemic has prevailed, except *scarlatina*.

Notwithstanding the statistics given, the system of registration is still defective, in respect to the causes of death; for as the matter now stands, it is the duty of undertakers to report the deaths; and from such reports licenses are issued for interments. Hence it is, that the true cause of death is not always obtained; for the idea of dying of a *respectable* disease is not overlooked. Consumption, and typhoid fever, may be substituted for delirium tremens, etc. Deaths from criminal abortion may take place, murders committed, and the reports of the cases ascribed to any disease that the person reporting may select.

In Rhode Island, I learn by the report, that it is the duty of physicians to report deaths; and where death occurs without the attendance of a physician, this duty is imposed upon coroners. This is certainly an improvement upon our own method.

The average age of those who died, was 19.69 years; of native born males, 21.53 years; of native born females, 27.74 years—giving more than six years in their favor, over the males.

Among the causes of death, consumption takes the lead, as usual, making nearly 17.87 per cent. of all the deaths.

As in former years, those born in Ireland furnish more than half of the victims—being 52.63 per cent. of the whole number.

There were six suicides from taking laudanum, and two from arsenic. Here are eight deaths that might have been prevented, in all probability, had we some well regulated law to govern apothecaries in dispensing these and other poisons.

The deaths of five physicians are reported, whose average age amounts to 71.60 years—the highest on the record. Among other occupations, that of cabinetmakers gives the lowest average age—21 years.

With these few items I must dismiss the report. The “Massachusetts Medical Benevolent Society,” of which I spoke in a former letter, is now in full tide of operation. It is composed of residents of the State, but is located in this city. Its object is to render aid to worthy members of the medical profession, who may have become reduced in circumstances; or relief to their families should they need assistance. None but members of the medical profession, or the wives or widows of such, are admitted to this

society. Its beneficence is not wholly confined to its own members, but may be extended to physicians, their widows, and minor children, who are or have been inhabitants of the State. This seems to be a praiseworthy object, and I hope it will succeed, and the hand of charity be felt where it is really needed.

I read, a few days since, in the *Philadelphia Bulletin*, an interesting letter from Mrs. Crawford, dated at Paris, April 8th and 9th, giving a detailed account of the illness of her husband. I have some pleasant reminiscences of him in Rome, and of his genius as displayed in his studio. It appears that in April, of last year, while at Rome, Mrs. Crawford noticed a slight protrusion of the left eye. She soon after returned to this country, and Mr. C. joined her in July. In October they left for Paris, where Mr. Crawford consulted M. Desmarres. He decided that a tumor of some kind was forming behind the eye, and urged the patient to remain in Paris until the tumor should yield to medicine, or be matured for an operation. But Mr. C. did not feel the necessity of this, and returned to Rome, and resumed his duties as an artist again. Dr. Gibson, of Philadelphia, arrived in Rome in December, when he consulted with some Roman surgeons upon Mr. C's condition. Dr. Gibson made an exploration, penetrating into the orbit above the globe; also at the inner canthus, near the caruncula lachrymalis. He found a small tumor projecting from the orbital plate of the ethmoid, about the size, as the correspondent says, of the end of a quill, and between a quarter and a half an inch in length. It seemed to be cartilaginous. From the effects of this examination Mr. Crawford has never recovered. The sight became more dim; constant nausea and sickness ensued; and slight attacks of paralysis of the right side. He soon after left for Paris, where he saw M. Nélaton, and became his patient, receiving the counsel of Sichel and Velpeau. They decided that an operation would be fatal to the patient, as it was *cancerous* in its nature, and so intimately adherent to the internal and posterior orbit. M. Nélaton considered the case hopeless; and you know that his conscientiousness would not let him operate while the doubts were nearly all upon one side. He placed the patient under his pupil's care, M. Boylard, who instigated a slight salivation, and Mr. Crawford was having a

succession of comfortable days, and felt quite confident of his final recovery. It is certainly hoped that he will, as his death would cause quite a hiatus in the family of American artists. But every surgeon knows the insidiousness of malignant disease in that region.

The project of a Free City Hospital is still agitated by our authorities, and the prospect is that the object will be accomplished.

As erysipelas and puerperal fever have prevailed to some extent within the last three months, the question of their identity has been a subject of some medical conversation. No definite conclusions have been established.

I fear I have already wearied your patience, and rather than you should cry "forbear," I will haste to say adieu.

B.

Tenth Annual Meeting of the American Medical Association.

THIS body convened in the Representative Hall of the State Capitol of Tennessee, at Nashville, on the 5th of May, at 11 o'clock.

The Association was called to order by Dr. Pitcher, of Detroit.

The chairman then announced that the first business in order was the report of the Committee of Arrangements.

Dr. Winston, on behalf of that committee took the stand, and in a few brief and pertinent remarks, welcomed the delegates present.

The chairman of the Committee of Arrangements then called the roll, and the following delegates answered to their names:

Connecticut.—Charles Hooker.

New Hampshire.—Adoniram Smalley.

New York.—James R. Wood, D. M. Reese, Geo. N. Burwell, and Alden March.

Pennsylvania.—Robley Dunglison, B. F. Schenck, Casper Wister, and P. Cassidy.

Georgia.—Henry F. Campbell, C. R. Walton, N. P. Powers, A. H. Means, Joseph P. Logan, M. H. Oliver, Thos. Powell, J. Gordon Howard, R. D. Arnold, Geo. P. Padleford, and Pike Brown.

Alabama.—G. M. Merriweather, W. P. Reese, A. F. Alexander, S. W. Clanton, W. H. Thornton, P. C. Winn, T. Stith Malone, W. J. Bass, G. D. Norris, J. F. Sowell, and J. W. Morris.

Tennessee.—Frank A. Ramsey, Jas. Rodgers, R. O. Currey, B. B.

Lanoir, J. L. C. Johnston, Jno. M. Boyd, Geo. B. Grant, T. A. Atchison, S. S. Mayfield, J. D. Kelley, T. L. Maddin, J. D. Winston, J. E. Manlove, G. A. J. Mayfield, Richard Owen, W. P. Jones, G. F. Jones, J. S. Burford, Jno. P. Ford, Robert C. Foster, Jno. H. Callender, Jno. H. Morton, A. H. Buchanan, J. W. Hoyte, N. C. Perkins, Jno. B. Lindsey, C. K. Winston, Paul F. Eve, permanent members; W. P. Moore, Milo Smith, Wallace Estill, B. W. Avent, H. H. Clayton, H. M. Whitaker, H. B. Manlove, T. M. Woodson, A. Ewing, Robert Martin, W. K. Bowling, P. S. Woodward, R. F. Evans, Thos. Lipscomb, M. Ransom, J. A. Long, Jno. M. Watson, W. D. Haggard, Jno. S. Park, D. B. Cliff, T. G. Kennedy, T. R. Jennings, Ira Conwell, W. H. Childress, W. A. Cheatham, J. F. Towns, J. M. Brannock, B. C. Wilson, and P. W. Davis.

Louisiana.—S. O. Scruggs, Robert A. New, Cornelius Beard, and E. D. Fenner.

Kentucky.—Samuel Arman, R. W. Gaines, J. B. Flint, J. W. Singleton, R. J. Breckinridge, S. C. Porter, W. S. Chipley, S. M. Bemiss, L. G. Ray, W. Atchison, E. G. Davis, L. E. Almon.

Indiana.—W. H. Byford, W. W. Hitt, Isaac Mendenhall, T. Bullard, N. Johnson, D. W. Yandell.

Illinois.—J. C. H. Hobbs, A. H. Luce, James M. Steel, E. K. Krothers, T. K. Edmiston, W. A. Hillis.

Missouri.—S. Pollak, E. S. Fraser, Jno. S. Moore, C. A. Pope.

Michigan.—A. B. Palmer, L. G. Robinson, Zina Pitcher, Wm. Brodie, L. H. Cobb, M. Gunn, Lewis Davenport, P. Cline, M. D. Stebbins.

Iowa.—Asa Horr, Wm. Watson, D. L. McGugin, J. C. Hughes.

Ohio.—Henry F. Koehne, J. M. Mosgrove, B. S. Brown, D. Ferris A. W. Munson.

Wisconsin.—Hays McKinley, J. K. Bartlett.

South Carolina.—E. R. Henderson, M. S. Moore, R. W. Gibbs, R. S. Bailey.

Mississippi.—F. B. Sanford, J. S. Cain.

New Jersey.—R. M. Cooper.

Arkansas.—F. G. McGavock.

The chairman of the committee then presented the names of Dr. Felix Robertson, Dr. John Shelby and Dr. John Overton of Davidson county, with the request that they be elected permanent members of the Association.

A motion was made to that effect, which prevailed, and the above-named fathers in the profession were invited to participate in the proceedings of the Association.

The president here announced that the next business in order was the appointment of a committee of one from each State, to nominate suitable officers for the ensuing year.

A motion was made that the Association take a recess of fifteen minutes for that purpose, which was carried.

Fifteen minutes having elapsed, the delegates from the different States returned, and presented the following committees:

Connecticut, Charles Hooker; New Hampshire, A. Smalley; Indiana, W. W. Hitt; Wisconsin, J. K. Bartlett; New York, Jas. R. Wood;

Michigan, A. B. Palmer; Missouri, J. O. Moore; Illinois, T. K. Edmiston; Kentucky, R. J. Breckinridge; Arkansas, F. G. McGavock; Ohio, B. S. Brown; South Carolina, R. W. Gibbes; Alabama, W. O. Reese; Mississippi, E. B. Shuford; New Jersey, R. M. Cooper; Louisiana, S. O. Scruggs; Pennsylvania, P. Cassity; Georgia, Thos. S. Powell; Tennessee, J. B. Lindsey; Iowa, Asa Horr.

Dr. Pitcher, the president, then delivered his retiring address. We have not the space to even give a substance of his remarks. Suffice it to say that it was able throughout, abounding in eloquence; and containing many scientific facts which will be highly valuable to the profession.

A motion was made returning the thanks of the Association for the able manner in which the retiring president had discharged his duty, and also the appointment of a committee to request his address for publication. Carried.

The treasurer's report was read and received.

Dr. W. K. Bowling, from the Committee on Prize Essays, asked for further time to report. Granted.

Judge Catron being present, was by motion, invited to occupy a seat by the president.

The president informed the Association that Drs. F. Campbell Stewart, Alden March, Isidor Gluck, of N. Y., and Dr. Pancoast, of Penn., had been appointed to represent this body in Foreign Scientific bodies.

Under the head of reports from Standing Committees, a letter was read from the chairman of the Committee on Medical Topography, and Epidemics, Dr. J. C. Watson, Maine, stating that he had not prepared a report, but would be prepared by the next meeting of the Association.

J. F. Posey, from the same committee, from the State of Georgia, presented a report, which was received.

Communications from Peregrine Wroth, of Maryland, and W. F. Sutton, of Kentucky, on the same subject, were read and received.

The Nominating Committee returned, and presented the following officers for the ensuing year:

Dr. PAUL F. EVE, President.

Dr. R. J. Breckinridge, Kentucky; Dr. D. M. Reese, New York; Dr. Wm. H. Byford, Indiana; Dr. Henry F. Campbell, Georgia, Vice Presidents.

The appointment of Secretaries was deferred until the Association determined the next place of meeting.

The Convention then adjourned until 9 o'clock the following morning.

SECOND DAY.

The Association met at 9 o'clock—Dr. Pitcher presiding.

The minutes of last meeting read and approved.

The new president, Dr. Paul F. Eve, was then conducted to the chair. Before entering upon his duties, he addressed the Association in a few brief and pertinent remarks. He thanked the Association for the honor conferred upon him—that they were present again at one of those

great festivals and glorious re-unions, to whose efforts is committed the life and keeping of others. You come, said he, from the North and South, from the East and the West: you are brethren from various sections of the Union, to carry out the best interests of the work in which you are engaged; and, said he, may I express the hope, that your deliberations may be conducted with one heart,—one mind,—one hope.—one voice.

Dr. Winston, Chairman of the Committee of Arrangements, reported additional delegates, since the meeting yesterday.

Dr. Hooker, of Connecticut, from the Committee on Medical Topography and Epidemics, made an explanation relative to the report.

Dr. Arnold submitted an abstract of the report of Dr. J. F. Possey, of Georgia, on Medical Topography and Epidemics. Received, and referred to the Committee on Publication.

From the same committee, Dr. Mendenhall of Ohio, Dr. Alleyne, of Missouri, Dr. Beech, of Michigan, were granted further time.

No reports from Alabama, Indiana, Wisconsin, Illinois, U. S. Army, Navy, and California, on the same subject.

Dr. Winston presented a communication from the Southern Methodist Book Concern, extending an invitation to the Association to visit that establishment, during their stay in the city. Received.

The chairman stated that intelligence had just been received announcing the death of Dr. T. J. Grafton, one of the Committee of Medical Topography and Epidemics, from Mississippi.

Dr. Wood, of New York, submitted two reports, which were referred to a special committee.

The special committee being called, a letter from Dr. E. R. Peaslee, of Maine, was read, declining to serve as chairman of the Committee on Inflammation, its Pathology, etc.

No reports from Dr. Hutchinson and Dr. Isaacs, of New York, a Committee on Anatomy and Histology of the Cervix Uteri.

Dr. J. Taylor Bradford, of Kentucky, to report upon the treatment of cholera, not present.

Dr. Mark Stephenson, of New York, to report upon the treatment best adapted to each variety of cataract, etc., submitted a communication through Dr. Reese.

Dr. J. M. Carson, to report upon the causes of the impulse of the heart, etc., through a letter asked for further time.

Dr. D. Meredith Reese, of New York, to report upon the causes of infant mortality, etc., submitted an able and lengthy paper on the subject, which was referred to the Publication Committee.

The president appointed Drs. Currey, Grant, and Evans, a Committee on Voluntary Contributions.

A communication was read from Dr. J. B. Lindsley, from the Medical Association of Washington City, inviting the National Association to hold their next annual meeting in that city. Referred to the Committee on Nominations.

On motion of Dr. Winston, Dr. Shelby was invited to occupy a seat with the chairman.

Dr. Hobbs, of Illinois, offered a resolution providing for the appointment of a committee to whom all essays should be referred. After some discussion the resolution was indefinitely postponed.

A communication was read, signed by several members of the Association, protesting against the admission of delegates from the Oglethorpe Medical College of Savannah, on the ground that it is not a regularly organized college.

Dr. Benson, delegate from that Institution, by motion, was allowed to address the Association. He spoke with much feeling, giving suitable reasons why some of the chairs had not been filled in that college, and why the protest had been offered; that it had been signed by professors and graduates in a college which had for several years past been directly opposite to them.

Dr. Arnold, of Georgia, arose. He said that one of the signers was a graduate of Tennessee, and, in a great state of excitement, he demanded whether the gentleman denied it.

Order was called for, and Dr. Benson stated he had been so informed, and that if he was mistaken he would like to be corrected, in a gentlemanly manner.

Dr. Buchanan, of Tennessee, regretted that a fire-brand had been thrown into this Association, and he hoped the matter in question would be dropped.

A motion was made that the protest be laid on the table. Carried.

Dr. Palmer, of Michigan, moved that the whole matter be referred to a committee of three, which was afterward amended so that no professor should be appointed on the committee. Resolution and amendment adopted.

Dr. Felix Robertson, the first male child born in the city of Nashville, appeared and was conducted to the stand.

The Association then proceeded to the regular business.

Dr. J. Foster Jenkins, of New York, to report upon spontaneous umbilical hemorrhage, asked for further time, through a communication. Granted.

Dr. Henry Carpenter, of Pennsylvania, to report upon the use of instruments in obstetrical practice—not present.

Dr. Alex. J. Semmes, of District of Columbia, to report upon measures to be adopted to remedy the evils existing in the present mode of holding coroners' inquests, submitted a paper, by mail, which was read and referred to the Committee on Publication.

Accompanying his report he presented the following highly important resolution:

Resolved, That a committee of three in each State, Territory, and the District of Columbia, be appointed; and that said committee be, and they are hereby authorized, in the name of this Association, to memorialize their respective Legislatures, to pass such laws as will best carry into effect the objects of the report. Adopted, and the committee appointed.

Dr. J. B. Flint, of Kentucky, reported upon the true position and value of operative surgery.

Dr. J. Marion Sims, of New York, treatment of the results of obstructed labor—further time granted.

Dr. G. V. Dorsey, of Ohio, causes and cure of indigestion—no report.

Dr. C. B. Coventry, of New York, medical jurisprudence of insanity—further time.

Dr. Jos. Leidy, human, animal, and vegetable parasites—no report.

Dr. M. D. Darnall, of Indiana, value of strict attention to position, in the treatment of diseases of the abdomen—no report.

Dr. Geo. Sutton, of Indiana, milk sickness—no report.

Dr. Clark G. Pease, of Wisconsin, blending and conversion of the types of fevers—further time.

Dr. B. S. Woodworth, of Indiana, best substitutes of cinchona—no report.

Dr. Franklin Hinkle, of Pennsylvania, use of cinchona in malarious diseases—read and referred to Committee on Publication.

Dr. Henry F. Campbell, of Georgia, nervous system in febrile diseases—submitted and continued.

Dr. John Neill, of Pennsylvania, laws governing the absorption and deposit of bone—no report.

Dr. John W. Green, of New York, intimate effects of certain toxicological agents in the animal tissues and fluids—no report.

Dr. Geo. Suckley, of U. S. Army, medical topography and fauna of Washington Territory—referred to Committee on Voluntary Contributions.

Dr. James Cooper, of New Jersey, flora of Washington and Oregon Territories—referred to Committee on Voluntary Contributions.

Dr. C. E. Isaacs, of New York, intimate structure and pathology of the kidney—further time.

Dr. Israel Moses, of New York, diseases incidental to emigrants—no report.

Dr. T. W. Gordon, of Ohio, etiology and pathology of epidemic cholera—continued.

Dr. H. A. Johnson, of Illinois, exertions as an index to the changes going on in the system—no report.

Dr. D. D. Thompson, of Kentucky, remedial effects of chloroform—no report.

Drs. Leidy, Wood, and Meigs, of Pennsylvania, best means of causing an increase of the number of essays—continued.

Dr. N. S. Davis, of Illinois, changes produced in composition and properties of milk—communication read and received.

Dr. McGugin, of Iowa, stomatitis materna—further time.

Dr. Singleton, of Kentucky, offered a resolution in regard to the death of Dr. Grafton, of Mississippi.

A motion was made to expel Dr. Reynolds, a member of the Association, for certifying to the good qualities of quack medicines—carried.

The committee appointed to take into consideration the charges preferred against Oglethorpe College, Savannah, reported that the charges were not sustained, and recommended that the delegates be admitted—received and concurred in.

The following preamble and resolution were adopted:

WHEREAS it has pleased Almighty God to remove, by death, our fellow-member, ROBERT M. PORTER, and because of his devotion to the interests of the profession of medicine, and his steady support of the American Medical Association:

Resolved, That the Association learn with unfeigned sorrow of his decease, and that they have lost a firm and intelligent supporter, and society a benefactor and friend.

The Association then adjourned.

THIRD DAY.

The Association assembled at 9 o'clock. The minutes of the preceding day were read and approved.

Dr. Hoyte read a list of additional delegates since yesterday.

A communication was received from Dr. Clark G. Pease, of Wisconsin, to report upon blending and conversion of the types of fever. The report was received and referred to the Committee on Publication.

Dr. Currey, chairman of the Committee on Voluntary Contributions submitted a report recommending the publication of several papers. Received.

Dr. J. B. Lindsley, chairman of the Committee on Nominations offered the following report:

Secretaries.—R. C. Foster of Tenn., A. J. Semmes of Washington City.

Treasurer.—Casper Wister of Philadelphia.

For next place of meeting, Washington, D. C.

STANDING COMMITTEES.

Committee on Publication.—Francis G. Smith, Casper Wister, and Sam'l L. Hollinsworth, of Philadelphia, R. C. Foster of Nashville, A. J. Semmes of Washington City, Samuel Lewis of Pennsylvania, and H. F. Askew of Delaware.

Committee on Prize Essays.—Grafton Tyler of Georgetown, D. C., J. C. Hall, J. F. May, Thos. Miller, A. J. Semmes, Joshua Riley, and W. C. J. Duhamel, of D. C.

Committee of Arrangements.—Harry Lindsley W. J. C. Duhamel, Cornelius Boyle, R. H. Coolidge, M. Dove, A. J. P. Garrett, and Wm. R. Johnson of D. C.

Committee on Medical Education.—G. W. Morris, of Philadelphia, A. H. Luce, of Ill., E. R. Henderson, S. C., G. R. Grant, Tenn., and T. S. Powell, Ga.

On Medical Literature.—A. B. Palmer, Detroit, A. F. Alexander, Ala., J. M. Mosgrove, Ohio, P. Cassidy, Penn., and S. Pollok, Missouri.

Committee on Medical Topography and Epidemics.—T. B. Shuford, to fill the vacancy occasioned by the death of Dr. Grafton of Miss. C. W. Parsons, to fill the vacancy caused by the resignation of Joseph Maurau, R. I.

SPECIAL COMMITTEES.

Spontaneous Umbilical Hemorrhage, etc., Dr. J. Foster Jenkins, New York.

Influence of Marriages of Consanguinity upon Offspring.—Dr. Bemiss, Ky.

Functions of different portions of the Cerebellum.—E. Andrews, New York.

Causes of the Impulse of the Heart, etc., Dr. J. W. Corson, New York.

Treatment of the Results of Obstructed Labor, Dr. J. Marion Sims, New York.

Treatment best adapted to each variety of Cataract, etc., Dr. Mark Stephenson, New York.

Human, Animal and Vegetable Parasites, Dr. Joseph Leidy, Penn.

Best Substitutes of Cinchona, etc., Dr. B. S. Woodworth, Indiana.

Intimate Structure and Pathology of the Kidney, Dr. Charles E. Isaacs, New York.

Etiology and Pathology of Epidemic Cholera, Dr. T. W. Gordon, Ohio.

Inflammation of Cervix Uteri, Henry H. Miller, Ky.

Milk Sickness, Dr. W. H. Byford, Ind.

Best Means of Causing an Increase of the Number of Essays, etc., Drs. Leidy, Wood, and Meigs, Pennsylvania.

Changes Produced in Composition and Properties of Milk, etc., Dr. N. S. Davis, Illinois.

Stomatitis Materna, Dr. McGugin, Iowa.

On Criminal Abortion, with a view to its General suppression, H. N. Storer, Boston.

The committee also recommended that the time of meeting be changed to the first Tuesday in *June*, instead of *May*.

Dr. Yandell, of Ky., offered the following resolution:

Resolved, That this Association reaffirm the principles respecting the rights of constituent bodies, announced in a report contained in volume V. of its transactions in the following terms: The Faculty of every chartered Medical College shall have the privilege of sending two delegates to the Association, provided that the said Faculty contain not less than six professors, who give one course of not less than sixteen weeks, on Anatomy, Materia Medica, Theory and Practice, Theory and Practice of Surgery, Midwifery and Chemistry, and also that the said Faculty requires of its candidates for graduation, that among other requisites they shall have attended two full courses of lectures with an interval of not less than six months between them, one of which courses must have been in their institution.

After some remarks by Dr. Buchanan, of Tennessee, opposing the resolution, Dr. Boring, of Georgia, offered a series of resolutions, with a view to dismiss the subject of medical education entirely from the Association.

Dr. Boring advocated the passage of his resolutions with much force.

Dr. R. O. Curry offered a series of resolutions in lieu, providing that a committee of five be appointed to prepare a system of medical instruction, for the consideration of the Association at its next session, and

which if adopted by the Association and confirmed by the Medical Colleges, shall be entitled then to representation.

Dr. Reese, of New York, next occupied the floor, and discussed the subject at length in an eloquent manner, and urged that the whole matter be indefinitely postponed.

Dr. Annan, of Kentucky, spoke briefly on the subject, favoring an indefinite postponement.

Dr. Yandell addressed the Association, advocating the passage of his resolution.

Dr. Annan moved to indefinitely postpone. Lost.

The previous question was called for. The main question was put and lost.

Dr. Wood, of New York, addressed the Association in a few brief and pertinent remarks.

Dr. Means, of Georgia, next followed in a most eloquent strain. He was listened to with profound attention.

Dr. Charles Hooker in a few remarks advocated the resolutions of Dr. Curry as a substitute. The question was put, and the resolutions adopted.

Dr. Bowling from the Committee on Prize Essays, submitted a report, awarding the premiums to Henry F. Campbell, of Georgia and Wm. A. Hammond, Ass't Surgeon, U. S. Army, Fort Reily, Kansas.

Dr. Gunn, of Michigan, offered a resolution with a view to amend an article in the Constitution. Laid over until next meeting.

The chairman presented a letter inviting the Association to visit the Medical College and Military Department in the afternoon. Accepted.

Dr. Curry from the Committee on Voluntary Contributions reported favorably on the paper of Dr. C. A. Pease, of Wisconsin, and recommended that it be handed over for publication. Received and concurred in.

Dr. A. B. Palmer of Michigan, offered a long series of resolutions in regard to medical education. Adopted.

Dr. Lindsley, of Tennessee, from the Committee on Nomination, submitted a second report of committees as follows:

On Moral Insanity—Dr. D. M. Reese of New York.

Calculi and Diseases of the Urinary Organs, in Iowa, Minnesota and Nebraska—Dr. J. C. Hughes, of Keokuk.

The Native Tendency and General Treatment of a Syphilitic Bubo—Moses Gunn, of Michigan.

Medical Education—J. B. Wood and John Watson, of New York, Geo. B. Grant, of Memphis, Tenn., C. B. Nottingham, of Ga., and R. L. Rocke, of Philadelphia, Penn.

Dr. J. L. Cabell, of Va., to fill the vacancy in Medical Topography and Epidemics.

Dr. Pitcher, of Michigan, offered a resolution, highly complimentary to the citizens of Nashville for the hospitality extended to the different members of the Association.

Drs. Wood, of N. Y., Palmer and Gunn, of Michigan, and others

spoke of the resolution, expressing their thanks for the manner in which they had been received. The resolution was unanimously adopted.

Dr. Currey offered a resolution, complimenting the reporters and the city press. Adopted.

The officers were, by a resolution, also remembered.

Dr. Gunn presented a pamphlet published by Dr. H. F. Campbell, of Ga., of a claim of priority in the discovery and naming of the excitatory system of nerves.

The Association then adjourned, *sine die*.

†

EDITORIAL AND MISCELLANY.

WIETING AND FOWLER.

WITHIN the last three months the people of this city have been favored with the visits and lectures of Dr. Wieting and Prof. (?) Fowler. We never heard of Wieting until a few days before his arrival. Several puffs of a highfalutin style, cut from country newspapers, appeared in all of the daily papers, announcing his "Lectures on Physiology" as excellent and worthy the attention of every body. In addition to these puffs, no doubt procured by complimentary tickets, or paid for at twenty cents a line, every corner and public place in the city was ornamented with an immense poster, done up in variegated colors, like, for all the world, to a circus poster, announcing the proposed course of lectures on physiology. The first lecture was free, and, lest the public should not bite at this bait, it was stated that the small sum of fifteen cents only would be demanded for each succeeding lecture. We believe there were no reserved seats.

He delivered several lectures illustrated by some dozen manikins, procured at great expense, which he dissected to the great admiration and wonder of the crowd. The most interesting lectures, however, were those on marriage and the organs of generation. These were the great cards—every body heard them and every body came away in their estimation much edified, but in ours, let us say, greatly stultified.

We know nothing personally of Wieting, and care still less. We are fully convinced that he damages the influence and standing of his profession by running over the country pretending to deliver lectures on physiology. Our neighbor of the Lancet vouches for his respectability and qualifications, yet we can not avoid the conclusion that Wieting and Fowler occupy the same category of humbuggery.

The influence of such lectures are pernicious to those who hear them,

and injurious to the confidence which should exist in the public mind in regard to our profession. We go further and pronounce them corrupting to the morals of the community. Let us illustrate: He delivered a lecture to gentlemen only on the organs of generation of both sexes, and one to ladies only on the same subjects. He gave the theory of generation—the method of conception—the time when a woman is apt to become pregnant, and the manner of avoiding pregnancy.

In the large audiences who heard these lectures there were many young and thoughtless boys and girls, and many women and men who, advanced in years, yet are loose in morals. To tell a girl or a boy, or both, that there is little danger of pregnancy from coition for a week or ten days before the menses is certainly, in our estimation, a sure way of breaking down all purity, and, even more, of producing open licentiousness. In our fashionable civilization there comes within every medical man's observation a great amount of corruption. It is no unfrequent thing to be asked for some remedy to prevent pregnancy, and still less so for some remedy to produce abortion. The lectures of Wieting and Fowler increase these great moral corruptions which blight mind and body.

In our science and art there are many, many facts which should never be given to the public. We are opposed to teaching the public physiology or anatomy, or, even more, chemistry. But this is not the fashion. We have in our public schools and academies a *little* physiology and anatomy, taught to little boys and girls with the result of making little fools. So too the public who listen to the so called lectures on physiology and phrenology, by traveling humbugs and quacks, and are in the main made incurably foolish. They lose faith in medicine, in doctors, and what is still worse they lose their good sense. We have never yet given attention to one of this class of people who pretend to know physiology, without finding them ill-bred, disagreeable, unruly patients.

“A little knowledge” of medicine is a very dangerous acquirement. We do not write for the public but for our professional brethren, that they may turn their backs on all such fellows as Wieting and Fowler, and on every one who proposes to give popular lectures on physiology. No one ever hears of Bernard, Schmidt, Brown-Sequard, Carpenter, or Jackson delivering lectures to the public on any such topics. We venture the remark that there are not five hundred non-professional persons who would follow a scientific course of physiological lectures for three months. But let some fellow, with more cunning than honesty, come along and lecture on matrimony, love, the organs of generation, pregnancy, etc., and half the town will rush to hear him.

Popular lecturers on physiology accompany phrenologists, spiritualists, water-cure, Homeopathy, Eclecticism, charm doctors, Electro-chemical bath doctors, *et id genus omne*, and should be scouted by every gentleman and scholar of the legitimate profession. We would have them use their influence with their patients and friends against these. Let us think of what our profession once was, and, in refreshing ourselves with this knowledge, we will find that the ripe medical scholar, the profound man of experience and study, and the high-toned gentleman, is far from exhibiting himself to the public in delivering so called lectures on physiology. Of Fowler we have not one word to say. We presume every medical man in the regular profession regards him, as we do, an unmitigated quack.

†

G. P. HACKENBERG, M.D., ETC., ETC., ETC.

NOTORIETY is apt to be one of the unpleasant attendants on greatness, and with this bit of philosophy we trust the *modesty* of the gentleman, whose name makes a "figure head" for this paragraph, will not be too much shocked on finding himself so famous as to have a first-class and unsolicited notice in so popular a journal as the *Observer*. Our friend, Dr. B., of Springfield, sends us the card of Dr. H. in German and English, but we must for the present decline its publication in full; nevertheless, for the benefit of suffering humanity, we are generous enough to remark that therein is set forth that Dr. H. is a graduate of the University of New York, eye and ear infirmaries, and sundry other medical institutions too tedious to mention; that he made himself *au fait* in Western diseases, at the Cincinnati Commercial Hospital, under the training of the "learned Dr. Harrison." What little Dr. Green of New York knew was imparted carefully and fully to Dr. H.; Mott, Gross, and Mussey also took him aside and indoctrinated him in all their surgical hobbies; and, finally, on his own hook—bob, line and sinker—he, Dr. H., is author of certain wonderful instrumental inventions for "Douch," whereby "he acquired great favor with the medical faculty." To all those wishing further information of this *lusus nature* we refer them to his "office and domicil, Market-space, Springfield, Ohio." The question is asked of us: How such stuff meets our "ideas of professional dignity and modesty?" We suppose it would hardly be expected of us to give a grave reply to such a query—we simply say, in the language of McCready to his guest who called for a bath at midnight, "Aha! a bath—a bath!—was there no horseshoe on 'a way hither?"

†

PLAGIARISM.

WE have been somewhat mortified—somewhat amused, in noticing an effort on the part of our neighbor of the Lancet to fasten the intimation of appropriating unacknowledged translations of Coste and Pinel to make up the body of a late Introductory Address, by one of our prominent Western Surgeons. Immediately our good friends of the North-American-Medico-Chirurg Review join in the chase—"Tray, Blanche, Sweetheart and all"—and even Jeemes Bryan comes in at the death to raise the shout. We experience a feeling of deep regret—though we suppose it is altogether natural too—that our surgical friends should indulge in so sanguinary a manifestation. Still it don't seem altogether right to annihilate a man on such short notice. Now, for our part, inasmuch as *principle* is alone at stake we suggest it would have been quite as pleasant not to have called any names—at any rate that would have been *parliamentary*. That's the plan *we* adopted when some months ago we felt compelled to the mournful duty of noticing a similar case nearer home, where it was said one of our "noblest Romans" had stepped body and breeches into one of Mr. Sumner's old orations; still, *de gustibus, etc.* We trust, at any rate, that our Louisville neighbor will regard the matter philosophically, and, as they have no organ down there just now, we tender the use of our columns, if desired, to a moderate extent—that is if thereby we can have a little good fun. †

STATE INSTITUTION FOR IDIOTIC AND IMBECILE YOUTH.

THE Legislature, at the session just closed, passed an act establishing a school for the idiotic and imbecile of our State. Trustees were appointed who have entered upon their duties; a building has been rented and the institution will go into operation at once. Dr. R. J. Patterson, of Columbus, and formerly Superintendent of the Indiana Insane Asylum, has been appointed to take charge of it as Superintendent, and who will give any desired information concerning its operations. From the experience and ability of Dr. Patterson we anticipate a successful experiment in the working of this useful addition to our benevolent institutions. Experience has amply proved the great advantages to be had from proper training to this neglected portion of our race, and that the blessings of a kind Providence will smile on any well directed efforts for their amelioration we fully believe. 3

THE ST. LOUIS MEDICAL JOURNAL announces the death of Dr. THOMAS REYBURN, in the thirty-eighth year of his age. He was formerly Professor of Materia Medica in the St. Louis Medical College, which place he filled with great ability. He was a high-toned gentleman, a fine scholar, and warmly and enthusiastically devoted to his profession. He had attained a high and proud position in the profession. His professional brethren in St. Louis mourn his loss. The decease of such men is a great calamity for the profession at large.

WE call the attention of our readers to the interesting paper on "Sudden Deaths in the Puerperal State," which we have translated. It will be finished in our next number. It has an especial interest for all, particularly for young practitioners.

AMERICAN MEDICAL ASSOCIATION.—In the present number of the Observer we have given an abstract of the proceedings of the late meeting of the American Medical Association, held at Nashville. It is copied from the Nashville Daily Gazette, which was politely forwarded to us by Prof. Bowling, of that city. To make room for these proceedings we have been obliged to defer notices of several valuable new works, as well as various editorial and miscellaneous matter which had been prepared for this number.

REMITTANCES REQUESTED PROMPTLY.—We shall commence sending out bills next month; but as we need money *now*, will our friends take the hint, and give us the opportunity to send *receipts* instead of *bills*. Our cheap subscription price is certainly not a heavy matter to our individual patrons; in the aggregate the printer's due is a serious matter to us.

WE cut the following from Porter's Spirit of the Times. All of our readers who are greatly indebted to that noble animal—the horse—will, no doubt, read it with interest:

A PROMISING COLT.—We read in the late California papers, of the birth of a foal under most singular circumstances. It appears that a fine blooded race mare who was near her time, was feeding on the line of railroad near Patterson's ranche, when the morning train from Folsom surprised her on the track, and literally cut her in two. Strange to say, that though the mare was thus utterly crushed, her colt was thrown out to the side of the track entirely unharmed. "The colt," says the *Town Talk* of two days afterward, "was alive and on its feet last evening, and there is every prospect of its being raised. It has

learned to drink milk, and appears to be doing as well as if under natural circumstances. An offer of \$100 was refused for an-born racer. This is the first time, we believe, that a locomotive played the part of a midwife."

MEETING OF STATE MEDICAL SOCIETY.—We hope our friends all over the State are making their arrangements to go up to Sandusky, on Friday, 2nd inst. Our Sandusky friends hope to greet a full and representative representation of the profession throughout the State. The Society may be made the medium of a great deal of advancement in the various interests of the profession. Let us put our shoulders to the wheel.

GRADUATES OF THE MEDICAL SCHOOLS FOR 1857.—We have been preparing a corrected table of Graduates this spring. It is not yet complete, as will be seen, embraces the most important Schools of the

<i>Colleges.</i>	<i>Matriculants.</i>	<i>Graduates.</i>
University of Pennsylvania.....	454	149
Yale Medical College.....	488	212
Pennsylvania Medical College.....		58
Philadelphia College of Medicine.....	60	15
University of City of New York.....	313	112
Society of Physicians and Surgeons.....		37
New York Medical College.....	106	31
Western College of Ohio.....		31
Medical College (Cincinnati).....		31
Cincinnati College of Medicine.....		5
Long Medical College (Columbus).....		18
Western Medical College (Cleveland).....	72	21
University of Louisville.....		50
" Nashville.....	419	137
" Buffalo.....		15
Medical College (Chicago).....		18
Massachusetts Medical College (Boston).....		17
Medical College (New Haven).....		11
College of Virginia (Richmond).....		23
College of Georgia (Augusta).....	160	55
" " Atlanta.....	105	40
McIntosh School of Medicine.....	67	
Missouri Medical College.....		44
St. Louis Medical College (St. Louis).....		31

NEW METHOD OF CASTRATION.—"The male doers used for draft are always castrated, which operation the old Lapp women perform by slowly chewing the glands between their teeth until they are reduced to a pulp, without wounding the hide."—*Byard Taylor's Letters to the Tribune.*

PATENT MEDICINES.—We regret to learn that the bill regulating the sale of Patent Medicines, which was before our legislature, failed to become a law. The great opposition to this measure has come from the newspaper presses, on account of the extensive patronage given to them by nostrum venders. It is said that many of them could not live were it not for the sustenance given by this class of advertisements. Such sickly parasitic plants had better die out than be nourished by the life blood of the dupes of quack medicines. °

A CONGRESS OF ALL THOSE OF EVERY COUNTRY devoted to the study and treatment of diseases of the Eye is called by M. Warlomont, the General Secretary of the Committee of Organization, to meet at Brussels, the 13th, 14th, 15th and 16th of next September, immediately before the meeting of the Congress of the German Physicians and Naturalists, at Bonn, the 18th of the same month.

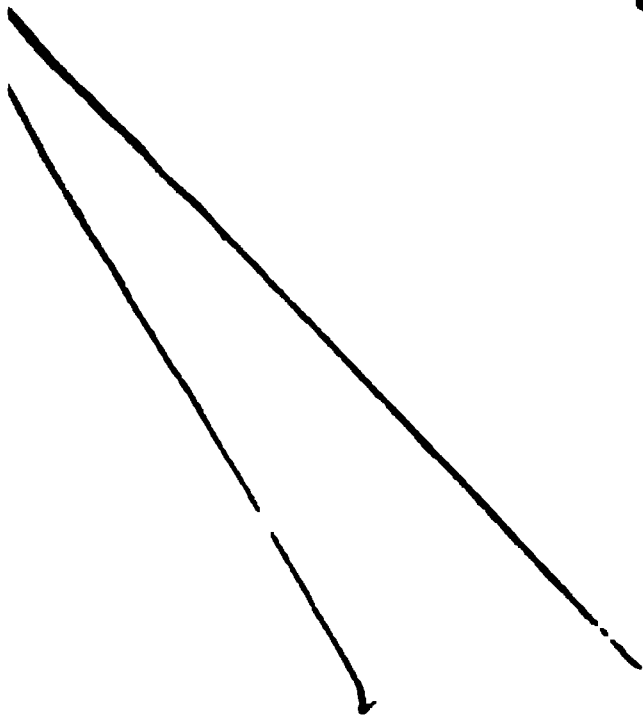
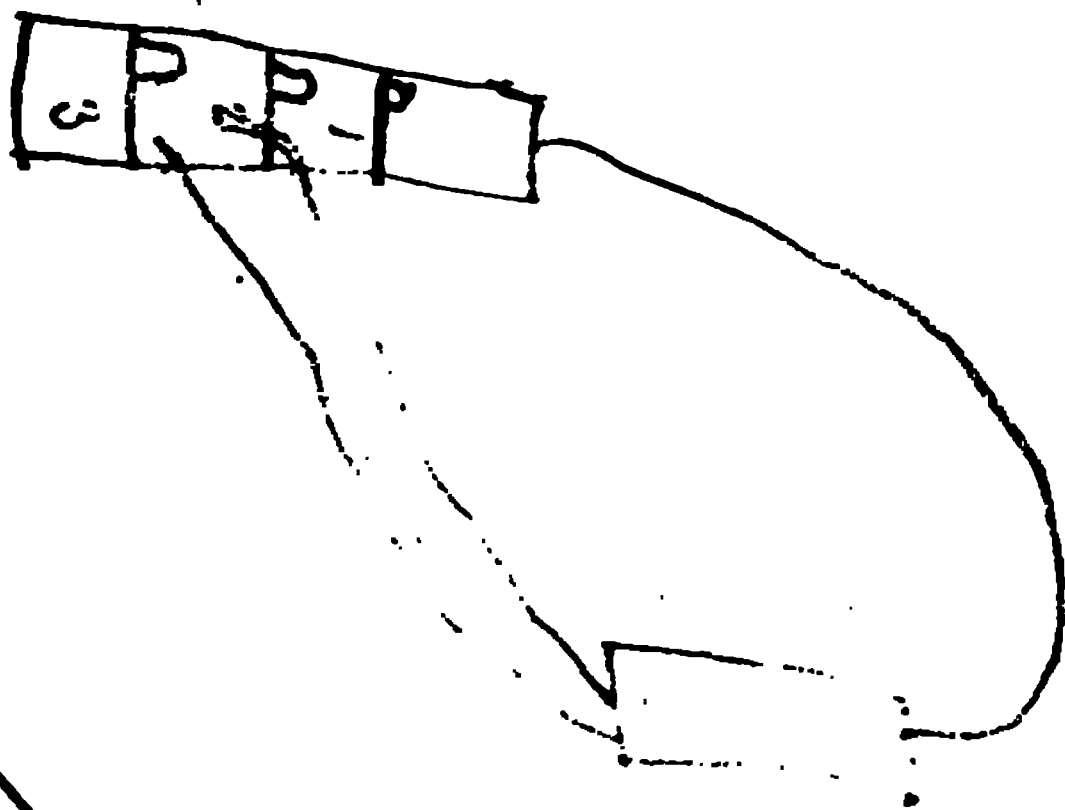
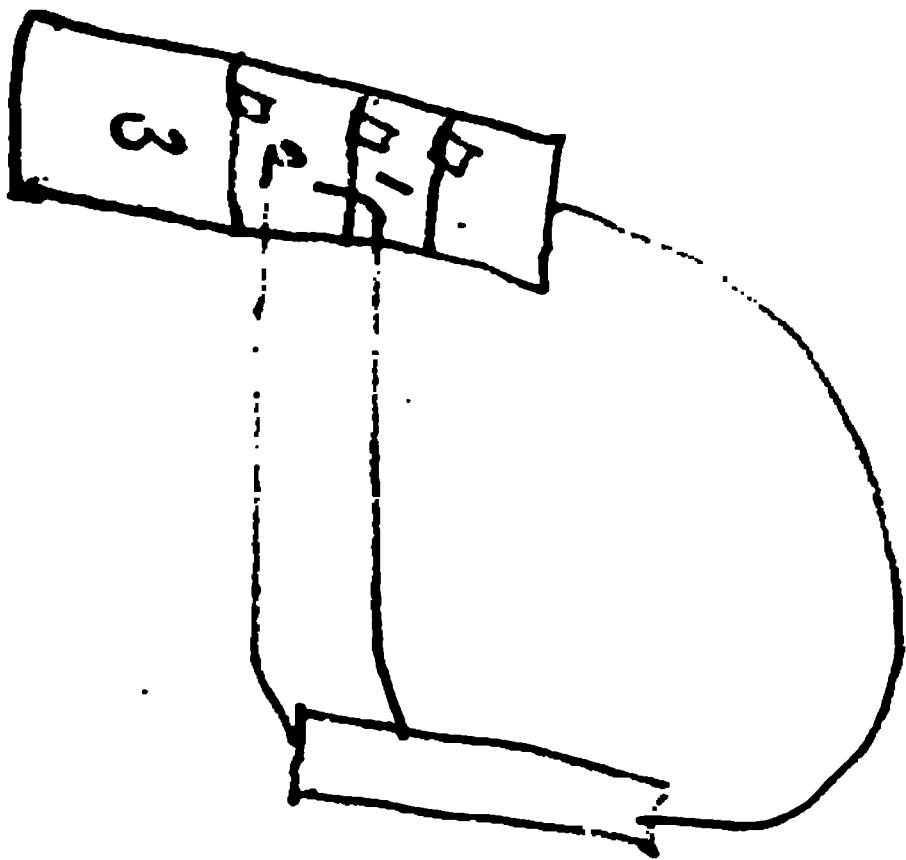
Every one devoted to the treatment of the many diseases of the Eye are kindly solicited to be present, or send papers. The Secretary states in his circular, that a programme of the proceedings has not been made, but that at the meeting the Committee will propose one. That form of ophthalmia so common among soldiers—the microscope and its diagnostic revelations—will be especial subjects of consideration. We have not space in this number to translate the entire circular. We shall be happy to forward communications for any of our readers. The circular is signed by the following gentlemen:

Fallot, President of the Royal Belgium Academy of Medicine; Boeck, Surgeon of the Ophthalmic Institution of the Brabant; Hairen, Director of the Ophthalmic Institution of the Army; Van Roosbroeck, Director of the Ophthalmic Institution of the Brabant; Warlomont, Chief Editor of the *Annales d'Occulistique*, General Secretary.

MARRIED.

At Washington, D. C., on the 5th of May, by the Rev. Mr. Sunderland, Dr. Wm. H. MUSSEY, of Cincinnati, to Miss CARRIE W., daughter of Harvey Lindsay, M. D., of the former place.

Another brave soldier surrendered at last!





Philip J. Buckner M.D.

ANATOMICAL OBSERVATIONS.

1857 7.

LECTURE ON THE

Philosophy of Medicine, D.,

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JOHNSTON BUCKNER was born in Augusta, Bracken Co., the eighth of August, 1800. His parents were influential, but possessed of only a moderate fortune. His father was a man of remarkable intelligence—benevolent, deeply religious, and guided in all the relations of life. VOL. II, NO. 7—19.



THE CINCINNATI MEDICAL OBSERVER.

CONDUCTED BY
DRS. GEO. MENDENHALL, JNO. A. MURPHY, AND E. B. STEVENS.

VOL. II.] JULY, 1857. [No. 7.

ORIGINAL COMMUNICATIONS.

ART. I.—*Biographical Sketch of the late Philip J Buckner, M.D., of Cincinnati, Ohio.* By T. M. TWEED, M. D.

BIOGRAPHICAL NOTICES are too often only exaggerated eulogies of the dead—too often the mere medium for expressing sympathy for the living. Although the feeling which dictates such compositions is commendable in itself, yet the world is not benefited thereby, and perhaps it were better to restrain the public expression of such sentiments, and reserve them for the privacies of friendship. But when the great and the good die, and leave behind them a bright example for the living, their departure deserves something more than a passing record. Truly has it been written,

“The lives of great men all remind us,
We may make our lives sublime;
And departing, leave behind us
Footsteps on the sands of Time—
Footsteps, that perhaps another
Sailing o’er life’s stormy main,
A forlorn, forsaken brother
Seeing, shall take hope again.”

PHILIP JOHNSTON BUCKNER was born in Augusta, Bracken Co., Ky., on the eighth of August, 1800. His parents were respectable and influential, but possessed of only a moderate fortune. His father was a man of remarkable intelligence—benevolent to a fault, deeply religious, and guided in all the relations of life by

the most fervent devotion to the cause of Christianity. He died at a good old age, in January, 1854, surviving his distinguished son only six months.

The mother of Dr. Buckner was a sister of Dr. W. T. Taliaferro, of Cincinnati. She was a woman of rare worth and sweetness of character. For many years before her death, she was totally blind. But, notwithstanding this great deprivation, and the intense physical suffering which preceded it, she was never known to utter a murmur of dissatisfaction. On the contrary, all was calmness, and peace, and joy, with a child-like submission to the providential appointments of Him who tempers the wind to the shorn lamb.

The character of young Philip evidently received a deep impress from the teachings of his mother. The kindness, the urbanity, the benevolence, the deep religious feeling which were the characteristics of his mature years, were eminently the distinguishing traits of *her* character. Thus it is still true, as in the days of the wise king: "Train up a child in the way he should go and when he is old, he will not depart from it."

Philip received but the rudiments of an English education—for at that early day in the West, only a few of the more wealthy pioneers could extend to their sons the benefits of a collegiate course. But deficient as were his preliminary preparations, and mental training, he commenced the study of Medicine, under the preceptorship of the late venerable Dr. Mackie, of Augusta. In this respect, the life of Dr. Buckner finds a striking parallel in that of Dr. Drake, whose labors have shed an imperishable glory upon Western Medicine. His pupilage was brief, and with no advantages of a lecture probation, he entered at once upon the practice of his profession in the 20th year of his age. After a short residence at Clark's Mills, Brown County, Ohio, he removed to the neighboring village of Georgetown, where he continued to reside and practice medicine for more than twenty-five years. With no friend but his indomitable courage and perseverance, "and no fortune but his talents," he ultimately made his way to the front ranks of the profession. As is the lot of most persons of decided character and unquestioned ability, he encountered a rivalry and opposition at once fierce and malignant; and it re-

quired many years of patient toil, and endurance, and self-denial, to overcome the obstacles in the way of his professional advancement. But in the end he triumphed over all opposition, and became the acknowledged head of the faculty in that portion of Ohio,—thus *compelling* the gifts of ungracious fortune.

To the young man struggling against the powers of want and oppression, and digging out from the dark mines of Toil and Disease, the gold of good for himself and others, this part of Dr. Buckner's history is full of encouragement. It teaches the Life-lesson embodied in the soul-inspiring words of Tupper:

“Never give up! or the burthen may sink you,
Providence kindly has mingled the cup;
And in all troubles and trials bethink you,
The watch-word of Life must be, Never give up!”

In 1822, Dr. Buckner was united in marriage to Miss Sophia Hewit, by whom he had four children, all of whom are now living. Mrs. Buckner also survives her husband.

In 1837, for his acquirements as a physician and surgeon, the Trustees and Faculty of the Medical College of Ohio, conferred upon him the Honorary Degree of Doctor of Medicine,—an honor never more worthily bestowed.

With a strong predilection for surgery, and an extraordinary tact for manipulations, he early devoted his energies to that subject, and soon acquired great reputation as an accomplished operator. Indeed, he excelled as a surgeon. With a steady eye, an unblanched cheek and a firm nerve, he made his way with the glittering blade to the inmost recesses of the body, invading the very *sanctum sanctorum* of vitality. Bold, daring and intrepid to the verge of sublimity, he felt all the yearning tenderness and solicitude of a good and true man, for the safety and comfort of his patients. In the early part of his professional career, he was charged by his enemies and rivals with a culpable disregard for human life; but among all our professional acquaintances, we have never known so devoted a student, or one so intensely interested in the well-being and safety of any patient about to undergo a hazardous operation. His boldness and intrepidity were evidently the inspiration of genius, and a profound knowledge of all the details of the operation he was about to undertake. Or, per-

haps more properly speaking, his daring was not the result of ignorant pretension, but of scientific assurance.

During his long practice, he performed most of the capital operations many times, including Lithotomy, Gastrotomy (eight times), the Ligation of the larger Arteries, and the more delicate operations of plastic and ophthalmic surgery.

In 1847, Dr. Buckner rendered efficient aid to the writer of this sketch, in the organization of the Medical Association of Adams, Brown and Clermont Counties, and was elected its first president. This office he continued to hold as long as he resided in the district. In 1850, he was selected as one of the delegates to represent the Society in the American Medical Association, thus becoming a permanent member of that great organization. About the same time, he connected himself with the Ohio State Medical Society, and became at once an active and prominent member. He was appointed Chairman of several important committees, and his reports were always distinguished for their great clearness and thorough mastery of the subjects confided to him. That on Ovariectomy, published with the Transactions of 1851, is a model of scientific research.

In the fall of 1850, at the earnest solicitation of his friend and relative, Dr. Taliaferro, he removed to Cincinnati, and immediately entered upon an extensive and lucrative practice. He soon acquired great popularity, his fame as a surgeon extending to distant States. At this period, the necessities of his position compelled him to decline at least two favorable propositions to become connected as a Professor with different Western Medical Schools. He however consented to deliver a course of lectures on the Diseases of Women and Children, in the Summer School of Medicine, connected with the Medical College of Ohio. His prelections were well received. Dr. Buckner was a student of rare application; and although his published Essays were few in number, they were of undoubted excellence.

In this brief memoir, we are limited to a notice only of the titles of a few of the more prominent papers:

Case of Fracture of the Cranium, with depressed bone, in which there was considerable loss of brain, successfully treated. Reported in the *West. Jour. of the Med. and Phys. Sciences*, of 1835.

The subsequent history and *post-mortem* appearances of the same case, reported in the *Western Lancet*, 1848.

Case of Aneurism of the Aorta, simulating disease of the Lungs. Fatal, from its rupture into the substance of the lungs. *West. Lancet*, Sept., 1847.

Practical Observations on the nature and cure of Fungus Cerebri. *West. Lancet*, Dec., 1847.

Inaugural Address as President of the Med. Association of Adams, Brown and Clermont counties—1847.

Ovariectomy.^o *West. Lancet*, Oct., 1848.

Report on Preliminary Education. Trans. Ohio S. Medical Society, 1852.

Report on Ovarian Diseases. *Ibid.*, 1851.

From these substantial evidences of Dr. BUCKNER's labors in the profession of his choice, among which we should delight to linger, it is our melancholy duty to turn to the closing scenes of his life.

For many years preceding his death, he was subject to periodical attacks of intense cephalalgia. He referred these attacks to gastric disturbance, and an emetic would generally afford relief. But it may well be doubted—considering the final result—whether this opinion was entirely correct. Upon one or two occasions, at least, the symptoms strongly simulated an apoplectic seizure.

In January, 1853, in performing an operation for the removal of a malignant and contagious disease, he wounded the index finger of the left hand. The wound was trifling, and did not arrest much attention. But after a few days, erysipelatous inflammation occurred, extending the whole length of the arm, accompanied with much fever. The application of the proper remedies soon restored the arm to the normal condition; and the wound healed kindly. But after a few days, the cicatrix became painful, inflammation was again established—and the wound became a running sore. Still, local and constitutional remedies would relieve it, and the ulcer would heal: only, however, to break forth afresh with still greater virulence. Thus many

^o In a report of the subsequent treatment of this case, Dr. A. C. Lewis remarked: 'It is altogether, considering the magnitude and difficulties of the operation, and its result, one of the most remarkable cases on record.'

months passed, alternating between hope and fear, the mind, however, deeply anxious as to the result. Meantime, he was actively—nay laboriously—engaged in the duties of his profession. Many eminent physicians were consulted, among whom were Dr. Valentine Mott, of New York, and Dr. Marshall Hall, of London. Both those eminent practitioners were of opinion that a nerve was wounded, and predicted hemiplegia as the probable result. So singular a prognosis was received with incredulity; and yet it was but too faithfully fulfilled.

In August, 1853, after a laborious day's practice, in a burning sun, and with an intense headache, Dr. BUCKNER returned home, and soon retired to bed. In the morning, he felt almost as well as usual, but upon arising, he found that he was laboring under slight paralysis of the entire half of the body. This excited alarm. A medical friend was called in, and after the application of a few leeches to the nape of the neck, and the administration of a brisk purgative, the symptoms were almost wholly removed. The amendment continued from Wednesday until Saturday evening, when an increasing headache gave warning of a renewed attack. Leeches, cups, and the ordinary remedies were applied in vain. The final and inevitable blow came with crushing power on Sunday morning. Speech and deglutition became difficult, though the mind seemed to be conscious of the impending danger. At last, speech and deglutition ceased, and a deep coma succeeded. Thus he lingered until Tuesday, the 23d of August—one week from the first seizure—when he expired without a struggle.

After speech became impossible, he signified a desire that his family should be gathered around him; and when thus assembled, with a look indescribable, but full of meaning, he pointed toward Heaven, bursting into an agony of tears.

The usual resolutions of sympathy and condolence were passed by the various societies with which he was connected; and the Faculty, in a body, attended the funeral. An extemporaneous discourse, characterized for its singularly truthful appreciation of Dr. BUCKNER's character, was delivered by the Rev. Dr. LORD; and it is to be regretted that his address was never published. Dr. S. HANBURY SMITH, of Hamilton, was selected by the united voice of the Medical Societies of Cincinnati, to pronounce an

eulogy upon his life and character. Dr. SMITH's oration was delivered before the State Society, in 1854 ; and it is said to have been a chaste and polished production.

Dr. BUCKNER was a sincere Christian. He had long been connected with the Presbyterian church as an humble member, and an influential officer. Thus, at the age of fifty-three years—in the vigor of mature intellect—in the zest of ambitious manhood—with honors falling thickly around him—he was transferred, as we fondly trust, from the Church Militant on earth, to the Church Triumphant in Heaven.

In person, Dr. BUCKNER was of the medium hight, rather inclined to corpulency, but of noble and commanding presence. In manners, he was frank and affable. Toward the younger members of the Profession, he was always courteous, and ever ready to extend the benefits of his counsel and assistance.

He has passed away ! The place that so recently knew him, will know him no more forever. But the memory of his many virtues is enshrined in the hearts of all who knew him, and will ever be cherished among the brightest recollections of life.

ART. II.—*Complete Invagination of the Caput Cæcum Coli.*—By A. C. SWARTZWELDER, M. D., Ironton, O.

MESSRS. EDITORS:—The subjoined case I think sufficiently singular to deserve a record.

Monday, the 11th of May, I was requested by Dr. Willson, to visit a little female patient of his, seven months old. He gave me the following history of the case. He was first called to see her on the 8th, three days before he came to see me. He found incessant vomiting her prominent symptom. She was also passing by stool a little blood and mucus. He was informed that she had been taken that morning with these symptoms without any known or obvious cause. On the 10th, to the vomiting, violent and frequent tenesmus was added. The scanty discharges, however, were unchanged. There was no appearance or odor of feces in them. From the first, thirst was intense and constant, though the pulse and cutaneous surface were nearly natural. On the

second and third day of her illness, the skin was hot. Dr. Willson alternately or successively prescribed creosote, minute doses of calomel, acetate of lead and opium, together with occasional purgatives. He also directed sugar of lead and opiate injections; but all to no purpose. The little sufferer could scarcely get a respite from the two more distressing symptoms. For a while, the injections seemed to control the tenesmus. But they soon lost their power. The remedies were generally instantly rejected, whether administered by the mouth or anus. The vomiting and tenesmus persisted, together with the *invincible obstruction of the bowels*; and, on Monday, the 11th, the little patient's father, when in the act of giving an injection, observed a dark tumor, just within the anus. It receded from view in the absence of the violent expulsive efforts, but reappeared on their renewal. The father immediately apprised Dr. Willson of this strange phenomenon. He examined it, and it was at this juncture that he wished me to see the child. Introducing the index finger into the rectum, I explored it carefully. There was no difficulty in doing this, as the anal sphincter had been dilated by the tumor. The tumor was about an inch in diameter, and although the index was inserted its whole length, this diameter increased rather than diminished. The finger could be passed completely around it, but no attachment could be detected. The visible part was almost black, evidently the result of intense congestion. During the tenesmus, it felt hard, but when this moderated or subsided, by making steady pressure on the most pendent part, an indentation could be produced to the extent perhaps of an inch, and the whole tumor pushed above the promontory of the sacrum, *but no further*, though I used considerable force. A tumor could also be felt in the abdomen, about midway between the crista of the ilium and the margin of the ribs. It became more perceptible on the following day, and was evidently *related* to that in the rectum, as pressure on the latter was propagated to the former. At this time the pulse was rather feeble and accelerated, and the countenance somewhat sunken. There was yet no tympanitis. The tenesmic efforts were amazing in so young a child. She would hold her breath and force down, with what seemed supernatural strength, till vomiting brought about a solution of the effort and a brief calm.

What was the nature of the rectal tumor? There were but two things to be thought of—a polypus, or an intus-susceptio of a considerable portion of the colon. The almost uninterrupted perfect health of the child (occasional sharp attacks of colic had been her only complaint since birth), the suddenness and gravity of the seizure, the color, texture and cylindrical shape of the tumor, and the absence of pedicle, at least within reach, were all conclusive against the first supposition. But while these symptoms determined my mind against a polypus, they forced it just as strongly to the conviction that the tumor was composed of invaginated colon. If confirmation were necessary it could be found in the *membranous* character of the tumor, as shown by my ability to indent or partially re-invert it. Dr. Spaulding, of Greenupsburg, Ky., and Drs. Moxley and Newton, of this place, also examined the case. All agreed as to its nature. It is almost unnecessary to say that persevering but fruitless attempts were made to reduce or re-invaginate it. An operation was suggested by one of the medical gentlemen present, but it met with no encouragement from the others. Between the forlorn hope of spontaneous relief by sloughing, and an operation, I did not see much choice. The former alternative was perhaps the less desperate. The essential symptoms underwent no change, at least for the better; and death came to the *rescue* of the little sufferer on the 14th, at 1 o'clock, A. M.*

Six hours after death, a post-mortem examination was made. Drs. Willson, Newton, Moxley and myself being present. The contents of the belly were completely exposed. It would be as profitless as tedious to describe the condition of each of the viscera. The stomach was empty and contracted. The small intestines were moderately distended with gas, but nothing else. There was little evidence of inflammation any where. The cœcum, the ascending and transverse colon were not found where normal anatomy places them. On tracing the ilium downward, we found that its inferior or colic extremity had disappeared within the colon. It could not be drawn out without slitting up the colon. This was accordingly done. *The tumor in the rectum was*

* She, at no time, had *stercoraceous vomiting*, though the eructations, toward the last, had a decidedly fecal odor.

then found to be the head of the colon. It was empty, but highly congested. Beginning at this point, the inversion was complete. Of course, it inclosed the vermiform appendicula. In its descent it had dragged along with it the ilium. The tumor which had been felt through the walls of the abdomen, was caused by a contraction of the colon at that point. Several of these constrictions of a less degree, were noticed. Here was an extraordinary extent of invagination. The caput coli, had not only traversed the whole length of the colon, but passed through the rectum and finally appeared at the anus, dilating the sphincter so as to become visible to the eye. *The colon may have been said to have swallowed its own head and voided it.* Is there a case on record where the cœcum was visible at the anus? I do not remember any such, though this part is frequently the seat of invagination.

This case teaches at least three instructive lessons. The first is the utter futility of any operative procedure; for, in this case, it must either have been abandoned, *or completed as an autopsy.* The second is the uncertainty as to the part invaginated, in spite of what would seem to be pretty certain data. Both tumors misled us into supposing that the part in fault was the sigmoid flexure, though the abdominal tumor was too high not to cast a doubt on this opinion. The last lesson is, to *explore the rectum* in cases of obstruction, especially *when there is tenesmus.* In this case, it is probable the tumor would not have been discovered during life had it not shown itself at the anus.

ART. III.—*Vomiting and Purging of Blood in an Infant Twenty Hours after Birth—Some Remarks on the Etiology and Treatment of this Disease.* By JOHN F. WHITE, M. D., Professor of Theory and Practice in the Miami Medical College.

IN July, 1854, Mrs. ———, after a short and easy labor, gave birth to a healthy male child. Nothing remarkable was observed about the infant until twenty hours after its birth. Previous to this period the bowels had acted naturally, two or three times. Now it was suddenly seized with vomiting and purging of blood.

This was repeated several times in five hours, when, the nurse becoming alarmed, I was, in haste, summoned. I found the little patient lying on the lap of the nurse, asleep, with skin in a natural condition, respiration good; in a word, I could see no manifestation of disorder, except now and then an expression of countenance apparently arising from nausea. In the course of half an hour there was a movement of the bowels, the evacuations consisting entirely of grumous blood, an ounce or two in quantity. There was no evidence of pain, no restlessness. There was no manifestation of *great* prostration, although the quantity of blood lost prior to my visit was much more abundant than what I observed.

It was very evident that a continuance of the hemorrhage would soon exhaust my little patient. I prescribed powdered alum gr. ss, dissolved in a teaspoonful of water, to be repeated after every bloody operation. Cool water slightly sweetened with loaf sugar to be frequently administered in small quantities. The breast to be withheld.

July 14th. A recurrence of the vomiting and purging of blood after my visit last evening. Alum administered, but on account of its appearing to increase the nausea, discontinued. No disturbance during the night, the patient resting comfortably, and nurses well this morning. No movement of the bowels; no nausea or vomiting. Advised quiet, cool water, no medicine.

15th. Infant improving. Stomach and bowels quiet. Slept well last night; nurses well; recovery complete.

This case was the first and the only one of the kind I have ever seen. As far as I know cases of this description are by no means frequent.

Dr. West classes such cases "among those rare diseases, too seldom met with for any one person to have what can be called real experience about them." Five cases only came under his notice.

Rankin's Half-Yearly Abstract, from 1849 to the present, affords two or three cases only. The *American Journal of Med. Sci.*, during the same period, contains three cases. Two or three other journals I have consulted are free of such records.

In none of the cases alluded to have the vomiting and purging of blood come on at so early a period as that which fell under my observation.

Dr. Rilliet, however, in a monograph on the intestinal hemorrhages of new-born children, mentions four cases in which the disorder was developed from twelve to thirty hours.

What is the cause of these phenomena? The etiology of infantile hematemesis and melœna is very obscure. Some attribute it to hereditary tendencies. Dr. Rahn Escher, from an analysis of cases, attaches much importance to this cause. In the language of Dr. Rilliet, he found that the mothers had been subject to irritation of the glands, derangement of the abdominal circulation, and disorder of the function of digestion, both during the existence and non-existence of pregnancy. It must be recollected, however, that these maternal conditions are very common, and that, nevertheless, melœna is extremely rare in newly-born infants. Hereditary influence can be more readily admitted, where the parents have been subject to hemorrhage, or where several children of the same family have been simultaneously affected, as I have seen, or successively, as Dr. Rahn Escher has observed. The case I have recorded can not be attributed to such a cause. Nor was it owing to any circumstances attendant on the delivery, the state of the infant at birth, and its treatment immediately afterward. Long delay of the infant in a narrow pelvis, protracted labor, difficult parturition, have all been assigned as causes of melœna. A distinguished author remarks, "that by examining the imperfect cases which we possess, I have ascertained that the number of difficult somewhat exceeds that of natural labors; but in this there is nothing remarkable, as most of the mothers were *prima parous*. Besides, the difference is so inconsiderable as hardly to be taken account of. Kiwisch is the only author who, in reporting his cases, notices premature ligature of the cord as an active cause. In two of his four cases the cord was prematurely tied; and in a third, symptoms of cyanosis obliged the midwife to cut the ligature." Bellard has recorded fifteen cases, the greater number of which were remarkable for plethora of the body, and a congested state of the inte-

ments. The observations of authors do not sanction the plethora being regarded as a cause of melœna. Out of sixteen infants, eight were delicate and feeble, seven healthy, and only one asphyxiated.

Is rupture of a vessel one of the causes? Pathological anatomy answers in the negative. Post-mortem examination has not revealed "any grave lesion of the vessels of the intestine canal. In some cases nothing has been observed beyond the presence of extravasated blood in the stomach and large intestines, the mucous membrane being not more injected than it naturally is in newly-born infants." In other cases the mucous membrane has been found intact, while the large abdominal vessels, the liver, spleen, heart, lungs, and cerebro-spinal system have been very much engorged. Ramollissement, inequality, and redness of the mucous membrane of the large intestine have been observed without extravasation of blood.

When we bear in mind the infection of the intestinal tube, which, according to Billard, is a normal state in new-born infants, it is a matter of surprise that hematemesis and melœna do not more frequently occur! It is remarkable that a child born apparently healthy, after a short and easy labor, and properly cared for, should, in less than twenty-four hours, vomit and purge blood profusely, while infants ushered into the world under the most adverse circumstances, asphyxiated, and with difficulty made to respire, or exposed by neglect to causes sufficient to produce an exaggeration of the normal intestinal injection escape the accident. To my mind a satisfactory explanation has not been given.

No occurrence is more calculated to excite the fearful apprehension of the mother or nurse than that which we are considering. Blood, however small in quantity, passing from the bowels or ejected by the stomach of a very young infant especially, creates immediate alarm. But when the stools abound with pure blood, liquid and mixed with clots, or "so profuse as to saturate the clothes of the child and run through upon the lap of the nurse," how terrible the scene! The pallid hue, the coldness of the extremities, debility, loss of plumpness, extreme smallness of pulse, inequality of respiration, and occasionally convulsions, forbode death. Is there any hope? Fragile as the tender bud is,

the frost may recline upon it and yet not destroy it. Death may almost clutch the infant and yet miss it. Rilliet, of whose investigations I have already availed myself, states that in analysing the cases of authors, he has satisfied himself that perfect recovery was more frequent than any other result. In twenty-three cases in which mention is made of the termination of the disease, the issue was good in twelve and bad in eleven.

The issue will depend more or less upon the manner in which the case is treated. If we lose sight of the fragility of the little being confided to our care, rendered still more fragile by the disorder which has seized it, and attempt to stay the flow of blood by the internal administration of such remedies as have proved advantageous in adult life, the probability is that death will be the victor. "Saturnine injections, turpentine emulsions," etc., are too gross for this period of life. Indeed, I am satisfied that any drug, unless in an infinitesimal dose, is contra-indicated in the treatment of this disorder at this stage of existence. We must rely on other means. The frequent administration of cool water, keeping the infant as quiet as possible in a supine position, the external application of cool water, medicated or not, according to circumstances, the avoidance of clysters of every description, I feel confident, promises more than any other plan of treatment.

In the comparatively mild case I have reported, alum was prescribed, with the hope of its proving useful, yet with distrust, from fear that any foreign body introduced into the stomach of so young an infant would produce a perturbing effect and thereby complicate the disease. The quiet, cool water, avoidance of the breast, were all that was necessary in the treatment. The same may be said, in my opinion, of the management of cases in which sulphate of iron, prussiate of iron and other astringents and styptics were used with apparent success. That is to say, the patients recovered under their use, and therefore, in the opinion of those who advised them, in consequence of their benign action. While, however, we may think that the results of the treatment, independent of the administration of astringents, would have proved as favorable, we can not be positive of it. One thing, however, is certain; the medication of newly-born children should be avoided whenever it is possible. That infants, in great peril

from hemorrhage, may be rescued without the introduction of foreign agents into their stomachs has been proven by experience. For the purpose of illustration, I will borrow a single case. "The infant—newly-born—was of the full time, not very large, but well proportioned, not plethoric, very lively, crying forcibly. All the functions appeared natural; the meconium had been expelled some hours after birth, after half a teaspoonful of castor-oil. The child then had some rest, after which he sucked with avidity: nothing, in fact, could lead one to suppose that any thing untoward had happened, till the nurse, in changing his linen, observed that some of the remains of the meconium had been expelled, mingled with a certain quantity of blood. Two hours later he passed a second stool, *abounding* with pure blood, liquid, and mixed with clots; and at one o'clock, when I was sent for, he had a third bloody motion. When I examined the little patient, he was deadly pale. His pulse was imperceptible; his legs and arms cold; his eyes were habitually closed, as was likewise his mouth. He neither had the wish nor ability to swallow, but retained the power of moving and crying. The abdomen was soft, not swollen, and pressure on it did not seem to occasion pain. He had no vomiting. I caused compresses, soaked in cold vinegar, to be applied to the abdomen, directing, at the same time, the extremities to be wrapped up in hot flannels. I prescribed two clysters, containing ten grains of the extract of rhatany.

They were almost instantly returned, accompanied by a very considerable quantity of blood. At four in the afternoon, the infant continued in the same state, when I prescribed compresses, soaked in a strong decoction of rhatany (two ounces to the pound), and clysters with ten grains of the extract. Like the former, they were almost immediately rejected, *and followed by a copious discharge of fluid and clotted blood.* He had the sixth bloody stool about six in the evening. We were now satisfied with simply applying the compresses. The pulse rose to 120; the infant had slight trembling of the hands, and oscillation of the globes of the eyes, but nothing which could be properly called convulsions. The abdomen was not tympanitic. From 10 P. M. to eight o'clock the next morning, he was induced to take from eight to

ten teaspoonfuls of cold milk, which remained on the stomach; he was then put to the breast. He seized the nipple easily; the pulse was regular, and of fair strength. At mid-day he passed two scanty stools of a green color, and destitute of blood. From this time his improvement was progressive."

TRANSLATIONS.

ART. IV.—*Sudden Deaths in Puerperal State from Adynamic Lesions of the Nervous Centers, etc. Translated by the Editors, from "L'Union Medicale de la Gironde de Bordeaux."*

[CONTINUED.]

2d. *Pains*.—It is especially here that the most minute, anatomical and pathological investigations have failed. The female, in the puerperal state, may die suddenly, during or after *accouchement*, from pain or nervous exhaustion, resulting from a long and severe labor. There exists in the economy only a given sum of nervous force and power. If we consult the authors who have given special attention to this question, in connection with delivery, we find evident proofs of the fatal influence of a long labor, very painful and too prolonged. When the pain is violent, says Georget,¹ and when it persists a certain time, it provokes the contraction of the muscular system, it takes away all power of thought, and throws the cerebral faculties promptly into an extreme collapse. A patient who dies from a major operation, when he has lost little or no blood, is stunned, overcome, and sometimes stupid; he is dejected, fatigued, broken down, and incapable of moving; he is pale; he is sometimes seized with an exaltation like to delirium, with loss of consciousness, disposition to vomit, and absolute vomiting, convulsive attacks, relaxations of the sphincters and involuntary dejections. Death has been the result of the pain. We attribute ordinarily the collapse of the cerebral faculties which follows the perception of the pain to a wasting of

(1) Georget Dect. en 80, p. 499.

ibility, a vague expression which explains the fact very and indeed does not explain it at all. We will observe that the state is the effect of cerebral excitement, and that during labor, as in all lively sensations and the affections less strong, the woman experiences a veritable super-excitation. Consecutively to these accidents, disorders more or less grave are manifested in the brain or other organs. The pain and efforts of the labor in women predisposed to mental alienation by hereditary influence, previous accessions, by an acute sensibility, produces, sometimes alone, or by the aid of the most trifling cause, the development of this disease.

Only, says Churchill, such a shock may be observed in certain cases, especially when they have been prolonged and severe. It produces, in this way, a sad result, but it exists, to a certain degree more or less marked, in almost all cases. It requires but observation to recognize it. Thus, after an ordinary *accouchement*, the general sensibility is almost always excessive, although the woman may be more susceptible than ordinary, the eyes lose their brightness, and are feeble and languid; the least light is too much, the slightest noise is offensive to the hearing; and if we do not give close attention to this excessive delicacy, very serious accidents may result. In ordinary cases, some hours of rest are sufficient to overcome this light collapse; but when the labor has lasted a very long time, or when an operation, as version or forceps, has been necessary, the phenomena are a great deal more pronounced. Pain, when it acquires a certain degree of intensity and duration, is in itself destructive. Difficult and protracted labors become very often mortal from this cause; and even when there are no extraordinary difficulties, and when the labor is not prolonged, a fatal prostration supervenes, whose explanation is only to be found in the pain. Delivery has been effected without any physical lesion, the woman has lost but the quantity of blood from the uterine vessels, and in spite of the encouragement which she feels from her general condition and her infant, as well as from the conviction that her suffering is at an end, does not regain her strength, nor her courage: after an interval which does not exceed some hours, she falls into a state of prostration and sinking, and some hours afterwards.

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in a manner quite unexpected and without any perceptible alteration, dies.¹

Where is the physician, who has had any practice, who does not know the influence of a long and painful labor on the mother? At the moment of the accouchement, the uterine contractions succeed each other, and attain very soon a high degree of intensity known under the name of expulsive pains. Nature will very soon fulfill her end, if no obstacle intervenes to arrest the escape of the child; but if a contraction of either strait exists, a vicious position, a tumor, any obstacle whatever, the uterus will wear out against it all the power it has to furnish the labor, and then, exhausted with its vain efforts, it ceases entirely; but the child remaining in the uterine cavity, causes by its presence, new contractions, convulsive contractions, which determine, in the entire economy, a state of irritation and fever, followed by the most fatal accidents.

The face is then burning, the whole body is covered with sweat, the eye is fixed and haggard, its expression is sunken; the unhappy woman cries out, laments, begs for death, and calls out for some one to kill her, or put an end to her sufferings. The disturbance of the intellectual faculties, well marked, is sometimes complete, and they make, during their delirium, the most extravagant remarks. The cerebral excitation produced by the violence of the pain may end in insanity, and, in certain cases, physicians devoted to medico-legal medicine, have found, in this momentary disturbance of the intellect, the explanation of infanticides that all other circumstances left unintelligible.²

Observation 7th. A woman, whose pelvis was horribly deformed, was brought to us after the cranium had been perforated, and an attempt made to apply the crotchet. I made some tractions with M. Baudelocque. We employed, without success, all imaginable means. The cranium came by scraps at the point of the crotchets; it was necessary to stop, and during this moment of repose, the woman expired, retaining the child in the uterus. [*Memoires de Mad. La Chapelle, t. 2, p. 227.*] Those who devote themselves to the delicate and difficult part of *accouchements* in the midst of a great center of population, have more frequent occasion to

(1) Travers' Inquiry, 2d edition, p. 48.

(2) Cazeaux, p. 418.

re these cruel terminations. I shall cite some examples. Two first were communicated by my father. The third came from my own observation.

Observation 8th. Mrs. X. of a good constitution; she is robust, advanced of age; had, about two years ago, her first child. The child was delivered with forceps. At the second confinement, my father was called. No unusual symptom was present. The labor proceeded regularly during the first contractions; but when dilatation was complete, the head did not advance, and the woman exhausted herself with her vain efforts. In consultation, the use of the forceps was decided on. The introduction was difficult, but tractions very sustained and continuous were necessary to bring away a voluminous and living child. The patient had suffered very much; she had expressed her sufferings in the most emphatic terms. The labor being over, she felt better, but over-

The placenta was delivered a few instants after. The uterus contracted; the hemorrhage amounted to nothing. Very soon she manifested some contractions of the muscles of the face, she became weak, and she expired suddenly. An autopsy was not made.

Observation 9th. A woman in the country, of 28 years of age, who for two days, sent for us, with another confrere. We arrived at the house, and found a narrowing in the antero-posterior diameter of the superior strait. The forceps were applied in

The head, moveable and very high up, escaped from the vagina. Version was decided on, and was completed without very great difficulty, but the head remained a long time above the superior strait. By force of traction, it was expelled, and very soon the labor was finished; but at that very instant, she died—exhausted from pain.

A notice on the presentation of the fact, read before you in

I cited a case which terminated in the same fatal way.

Observation 10th. In 1848, I was sent for to see a lady 30 years old, who was in her second labor. M. Labayle was in attendance. The face presented excessive agitation, exaltation of intellectual faculties difficult to be described, pains for more than twenty-four hours. On my arrival the pains were terrible,

incessant, and each of them caused the patient to make frightful cries. Later, my father joined us, when the forceps were applied uselessly. Pelvic version was decided on. I accomplished it with the greatest trouble; and, after the most prolonged efforts I brought away a dead child. A half hour after she expired suddenly.

The following fact was communicated to the *Fayette Medical*, in 1837, by M. Villeneuve, of Marseilles :

Observation 11th. Ten days of pain, face pale, tongue dry and white, violent pain in epigastric region, uterus molded on fetus; after some repose, a bath, anodyne and excitant potion; forceps, but a single branch; craniotomy. The child was extracted, and the mother died two hours afterward.

Thus then, after, as during an accouchement, the fatal influence of effort and pain on the nervous system can not be mistaken. M. Cazeaux believes, with Churchill, that it consists in a more or less considerable shock of the cephalo-rachidien system. This shock is the result of the extraordinary disturbance produced by parturition, and is in every respect like that produced by severe wounds, and from which the unfortunate workmen, whose extremities are crushed by machinery, sometimes die. This rapid and prompt form of death, which neither the circumstances of the accident, nor the lesions observed at the autopsy explain, is attributed by surgeons to the nervous shock. In all these cases, the nervous system plays a very important role; suffering greatly from shock, worn out by the sufferings of child-birth, the cerebro-spinal apparatus may often resist, but it has often a great deal of difficulty to recover from these successive shocks; it remains exhausted, without any power to awaken a last spark of life, and the autopsy does not teach us any thing.

The very excellent experiments, reported some years ago by M. Magendie, remove all doubts touching the influence of pain in the production of sudden death. If on a living animal we excite pains extremely acute, as for example, in piercing the posterior and spinal roots; if, previously, a graduated bent tube, containing mercury, has been introduced into the carotid artery, each painful sensation is marked by a moment of arrest in the

contractions in the left ventricle, immediately followed by a repetition which carries the sanguine column higher. If these painful contractions are repeated too often, if the animal is weakened, a time arrives when the quick cessation of the contractions become definite: the animal is dead. In whatever point we excite pain, the result is the same."

MEDICAL SOCIETIES.

ART. V.—*Proceedings of the Ohio State Medical Society, at its Twelfth Annual Session, held at Sandusky, Commencing Tuesday, June 2d, 1857.*

[We regret that we are compelled to greatly condense the proceedings of this meeting of the State Society, which are unusually full and interesting.—ED.]

FIRST DAY—MORNING SESSION.

The Ohio State Medical Society met at Norman Hall this morning at ten o'clock, about sixty members being present at the opening. The President, Dr. PETER ALLEN, of Trumbull county, took the Chair, and the meeting was called to order. He was supported by Vice Presidents, Drs. John Davis, of Dayton, J. G. Rogers, of New Richmond, and C. Cochran, of Sandusky. Rev. W. S. Kennedy, who was present, was invited to open the meeting by prayer.

The Secretary being absent, Dr. Donahoo, of Sandusky, was appointed Secretary *pro tem*.

The Chairman remarked: If there be any communication from the Executive Committee, it will now be in order; whereupon the Chairman of that Committee reported as follows:

The Executive Committee of the Ohio State Medical Society respectfully submit the following Report:

They have secured to the Society the use of the Hall in which we are convened, free of charge, with the exception of gas, and hire of janitor.

It is recommended that the Society convene at 8½ o'clock, A. M., and continue in session until 12 o'clock, M., and from 2½ o'clock to 6 P. M. of each day, except Thursday afternoon, when the Society is invited by the Erie County Medical Society to take an excursion to some of the adjacent islands on board the steamer Bay City.

It is further recommended that the Society accept the invitation of the Erie County Medical Society to attend the lecture of Dr. I. J. Hays, to be delivered Tuesday evening, and that Wednesday and Thursday evenings be devoted to social recreation, in compliance with the invitations of several of the citizens of Sandusky.

That the order of business adopted at the meeting of the Society at

Dayton be made the order of business for the present meeting. All of which is respectfully submitted.

DANIEL TILDEN, Chairman of Committee

Dr. Tilden then proceeded to deliver the welcoming speech on behalf of the committee, to the members of the Association.

The address was received with applause and it was moved that the report of the Executive Committee be received and adopted, and that the address be placed in the proper hands for publication. Carried.

Dr. W. P. Kinkaid moved that a recess of ten minutes be taken to allow members an opportunity to register their names, for the use of the Secretary. Carried.

Dr. Robert Thompson, of Columbus, introduced to the Society Dr. J. C. Blackburn, of Kentucky, a delegate from the Medical Association from that State, and moved that he be admitted to a participation in the proceedings. The motion was carried, and the Chairman welcomed the delegate in the following terms:

"We are happy to receive you as a delegate of the Kentucky Medical Society. Our object is to cultivate good feeling among the members of our profession, and we shall be happy to have you participate with us in discussing the subjects which shall come before us."

Dr. Thompson called attention to the fact that the Standing Committee was an important committee, and that, as many gentlemen present would like to enroll themselves as members of the Society, he moved the Committee on Admissions report the names of applicants, which motion prevailed.

Dr. R. R. McMeens offered the following resolution:

Resolved, That a committee of five be appointed to nominate officers for the current year, to report as early this afternoon as practicable. Adopted.

The following gentlemen were nominated a Committee on Admissions:

John Davis, Chairman; F. S. Hurxthall, T. J. Mullen, L. Firestone, W. P. Kinkaid.

Dr. Kinkaid moved that the reading of the minutes be dispensed with, which motion gave rise to some discussion upon a point of order, and was finally carried.

The following gentlemen were appointed a Committee on Nominations, viz.: Drs. R. R. McMeens, Sandusky; W. P. Kinkaid, Neville; R. Gundry, Dayton; J. G. F. Holston, Zanesville, and J. N. Gard, Greenville.

Dr. Baker—It does not appear that we have any standing committee other than the Committee on Admissions. We have no committee to report to the Society the Standing Committees.

Dr. C. F. Thomas, of Meigs, moved that the standing committees be called in their order, that the members of the Society may know who they are.

Dr. Dawson asked for the book of the Secretary. He said that the "transactions" furnished to be published omitted the standing committees, although they were published in all the medical journals of the State, and are in the Secretary's record.

n unsuccessful effort was made to find a record of the Standing nittees.)

the Committee on Admissions made their report, recommending the session of the following gentlemen as members of the Society:

Dr. A. H. Agard, Sandusky;

" J. C. Preston, Brunswick, Medina county;

" T. M. Taggart, Dalton, Wayne county;

" C. G. Eaton, Clyde, Sandusky county;

" Leman Galpin, Milan;

" H. T. E. Cushing, Cleveland;

" Gustav. C. E. Webster, Cleveland;

" Proctor Thayer, Cleveland;

" C. H. Swain, Toledo;

" S. A. McGowan, Columbus Grove, Putnam county;

" J. K. Woods, Lima, Allen county;

" G. M. Boyd, Xenia, Ohio;

" E. L. Plympton, Madison, Lake county;

" H. D. Mann, Sandusky.

the report was adopted.

It was moved that the report and fees for membership be handed to the Secretary; whereupon a discussion arose as to which officer—the Secretary or Treasurer—should receive the money, which, upon reference to the second article of the Constitution, was decided in conformity with. That instrument provides that the fees for membership shall be paid to the Secretary.

Dr. Baker said that he should make a report to-morrow, concerning the duties of the different officers.

The Chairman said that if there were any chairmen of standing nittees present, he wished they would announce their names and if prepared—the Publication Committee, the Committee on Finance, the Committee on Medical Ethics, etc.

Dr. Baker—Who is the Chairman of the Committee on Medical Ethics? It is utterly impossible for us to have a report from one upon a standing committee, unless he be authorized by the proper officer to make such report.

Dr. McMeens, from the Committee on Nominations for officers for the coming year, reported:

President—D. Tilden;

Vice Presidents—H. S. Conklin,

John Dawson,

J. N. Burr,

M. B. Wright;

Rec. Secretary—H. J. Donahoo;

Corres. Secretary—W. W. Dawson;

Treasurer—Charles Cochran;

Librarian—G. W. Maris.

Dr. Wright and John Dawson declining to serve, the report was referred back to the committee with instructions to fill the vacancies.

Dr. Isaac J. Hays was introduced by Dr. Kinkaid, and admitted, on

motion, as an honorary member of the Society. He was appropriately welcomed by the President.

Dr. Baker—I move that our esteemed friend, Dr. Blackburn, of Kentucky, be admitted an honorary member of this Society. Carried.

The Committee on Nominations reported the following:

President—D. Tilden;

Vice Presidents—H. S. Conklin,

J. N. Burr,

John G. F. Holston,

J. A. McFarland;

Rec. Secretary—H. J. Donahoo;

Corres. Secretary—W. W. Dawson;

Treasurer—Charles Cochran;

Librarian—G. W. Maris.

The report was accepted, committee discharged, and a motion prevailed to go into the election of the officers named by the committee for the ensuing year, the vote of each to be taken separately.

After several ineffectual motions to that effect, the Society adjourned until this afternoon at half-past two o'clock.

FIRST DAY—AFTERNOON SESSION.

The minutes of the forenoon session were read and approved.

Dr. Hays then rose and tendered his acknowledgments to the Society for its consideration in electing him an honorary member:

He could not regard this as a testimonial awarded solely upon the claims of individual merit, but as a token of that generous sympathy and that spontaneous admiration which his fellow-citizens of every class have manifested toward the great enterprise in whose trials and struggles he had borne an humble part—an enterprise which was not only made glorious by the exalted philanthropy of its object and the grandeur of its results, but which was linked, in the affections of his countrymen, with the honored name of his late commander. The hopes and doubts of the civilized world had struggled for the ascendancy, when the departed KANE proclaimed his belief, in tones of manly confidence, that Franklin was yet alive. Those hopes and fears followed the little fleet under his command, when it departed on its voyage of unknown perils and uncertain fate. They gave place to welcomes when the weary adventurers returned. This life is indeed a life of contrast, and to me, this warm response is enough to melt all the frozen spots, if any are yet left, within me. Through the darkness of winter and the sun-light of summer, through the shadowy days of suffering and the bright days of congenial duty—it was our hope that our labors would meet the approbation of our country. This hope has been more than realized. For this fresh evidence of generous appreciation I am incompetent to the task of due acknowledgment. If I had the whole English language at my tongue's end, I should be unable to express my thanks to this Association, for so unexpected a mark of its partial consideration. (Applause.)

Dr. Blackburn, of Kentucky, also thanked the Society for electing

him an honorary member. He came as a delegate from the State Medical Society of Kentucky, and was received warmly as a representative from that body as he had expected. He had no right to claim the distinction of being elected an honorary member. The honor had been kindly conferred and was received with feelings of the most sensitive gratitude on his part. (Applause.)

The Committee on Admissions reported Drs. Austin, of Sandusky; Hitchcock, of Port Clinton, and Trimby, of Florence, and moved that they be admitted as members of the Society. Carried.

The election of permanent officers being now in order, Drs. Baker and Kinkaid were appointed as tellers. The list of officers reported by the Committee on Nominations was unanimously adopted.

Professor Smith and Dr. Wright conducted the President elect to the chair; on taking which he thanked the Convention in the following words:

Gentlemen—I sincerely thank you for this expression of your characteristic kindness and confidence. I can but distrust my qualifications for the position you have assigned me, and shall enter upon the discharge of its obligations with many misgivings. My life having thus far been almost exclusively devoted to clinical practice, the rules for the guidance of deliberative assemblies have escaped that careful attention on my part which it should receive in order to fit one for the proper discharge of the duties which devolve upon the President of this Society. However, I accept the position you have conferred, and hope to meet approval.

It was moved that the valedictory address of ex-President Allen be received.

A spicy debate ensued this motion as to the propriety of inviting the public, and especially ladies, to be present to hear the address of Dr. Allen.

On motion, the Secretary read the Treasurer's Report.

It was moved that the Report be referred to the Finance Committee. Carried.

Dr. McMeens gave notice that he would read a paper entitled, "Topography, Hydrography, Geology, Meteorology, Mortuary Statistics, Endemics, and Epidemic Diseases of Sandusky."

Dr. Mead, of Cincinnati, announced that he would read a paper on "Moral Insanity."

Dr. Kyle gave notice that he should read a paper entitled, "A short history of the Veratrum Viride and its Use in the treatment of Disease with Cases."

The Secretary read the names of the different committees and asked if they were ready to report.

Dr. Kinkaid moved that Dr. Dawson's Report on Surgery be made the order of business for to-morrow morning at nine o'clock, which motion prevailed.

Dr. Holston then read his Report, which was very lengthy, and very spicy; but before he had finished, a motion to adjourn prevailed.

Adjourned.

SECOND DAY—FORENOON SESSION.

The Society was called to order by Vice-President McFarland. Minutes of yesterday afternoon read and approved.

Dr. Firestone offered the following resolution:

Resolved, That a Committee of Three be appointed by the President of this Society, whose duty it shall be to memorialize the Legislature, at its next session, to pass a law requiring all parents and guardians to protect the youth under their charge, from the ravages of that loathsome disease, small-pox, by vaccination, with proper penalties by fines for the neglect of this important duty on the part of said parents and guardians. Adopted.

Dr. Dawson, Chairman of the Committee on Surgery, then read the Report of the Committee, which, although lengthy, was highly interesting to the profession, giving a history of the rise and progress of the science of Surgery in Europe and America; and in this connection he took occasion to say that Americans were inclined to overrate themselves in all particulars—that this weakness extended to the profession of surgery and medicine, and that our physicians would, out of pride, report only the cases in which they were successful, concealing those in which they were unsuccessful.

The report condemned this custom, and advocated a full report of all cases, whether successful in their treatment or not. All should be willing to publish their errors as well as successes, for the benefit of posterity. All great minds have always been willing to do this. It is wrong to give out that every fracture could be cured without deformity. It does great harm and should be discountenanced. The report was received with applause.

Dr. Stillman moved that the report be referred to the Publishing Committee.

The Committee on Admissions reported the following additional names, and recommended that they be received:

Joseph C. McBeth, Galion, Ohio;
A. W. Munson, Kenton, Ohio;
W. H. Park, Tiffin, Ohio;
W. C. Daniels, Toledo, Ohio;
S. T. Finch, Green Springs, Ohio;
Thomas Stillwell, Fremont, Ohio.

The report was adopted.

An interesting discussion followed the reading of Dr. Dawson's Report, participated in by Drs. Baker, Holston, Wright, Thompson, Dawson, and Blackburn, of Kentucky.

It was then moved and carried, that the reports of Drs. Thompson and Dawson, be referred to the Committee on Publication.

Adjourned to 2 o'clock, P. M.

SECOND DAY—AFTERNOON SESSION.

The Society was called to order at 2 o'clock, by Dr. McFarland, Vice-President. The minutes of the morning session were read and approved.

Dr. Mullen offered the following resolution, which was adopted:

Resolved, That the Secretary of this Society be hereby directed to issue his certificate of membership, to insure free railroad return, to those members, and only those, who have paid their dues to the Treasurer.

Dr. Rea offered the following:

Resolved, That a list of the members of the Society be published with the Transactions of the present session, and each delinquent name be designated by a star (*) with the proper explanation.

This resolution was adopted. The Ex-President then read his valedictory address, which was listened to with deep interest, and received with applause.

Dr. Kyle offered a resolution, tendering the thanks of the Association to the late President for the able and impartial manner in which he has presided over their deliberations during the past year. Carried.

Dr. Allen then responded, thanking the Association for this expression of their flattering approval.

Dr. Davis, from the Committee on Admissions, offered the following as suitable persons to become members of this Association: W. F. Dean, of Milan; Joseph Caldwell, of Huron; A. F. Matson, of Logansville.

Dr. Taggart offered the following:

Resolved, That it be made the duty of the Publishing Committee to publish the amended Constitution, By-Laws, and Standing Rules, yearly, with the Transactions of the Society.

Dr. Kinkaid wanted to know if the Association were ready to hear the report of the committee in the case of Drs. Wright and Wood.

Dr. Holston moved to take up the papers connected with the case above referred to, which motion prevailed; whereupon

Dr. Kinkaid, chairman of said committee, remarked: I hold in my hand a report that has been made by one of the members of that committee, who was delegated as chairman. An investigation has been had with reference to the facts. That investigation is here, with all the papers connected therewith. It is a voluminous report, and I desire to present a substitute.

This report, was, in substance, that the case of Dr. Wood does not come within the jurisdiction of this Society, because the offense charged against him occurred before he became a member of this Association, and no objection was made to his admission here, and no charges were made at that time.

The committee asked to be discharged.

It was moved to accept the report and resolution, and discharge the committee.

The discussion upon this motion was continued, *pro* and *con*, until near the hour of adjournment, when it was finally decided by adopting a substitute, by Dr. Gundry, for Dr. Kinkaid's report, to the effect that the committee be discharged.

The members then occupied the remainder of the session in giving their respective views of Obstetrics.

Adjourned until to-morrow morning, at 8½ o'clock.

THIRD DAY—MORNING SESSION.

Dr. Burr called the Association to order. The minutes of the previous session were read and approved.

It was stated that it was in order to listen to the report of Dr. Kyle, "On Veratrum Viride, and its Uses in the Treatment of Disease, with cases." Dr. K. read the report, which gave a description of the plant, and the latitude of its growth; its uses in different cases, and where it can be used with safety, and other cases where it should be used very cautiously. The report closed by urging upon the Society the importance of laying aside all personalities, and coming up here for the purpose of discussing such subjects as will tend to the advancement of the medical science.

Dr. Thompson moved that the report be accepted. Carried.

A very free interchange of experience with the use and effects of veratrum viride, was had among the members of the Society.

Dr. Boyd offered the following resolution:—

Resolved, That the thanks of this Society be returned to the citizens, and more especially the ladies, of this city, for the kindness and generous hospitality which they have shown to its members, during their short stay in their midst. Adopted.

It was moved that the report on veratrum be adopted, and referred to the Committee on Publication.

Dr. Holston cited a case of death which he thought could be traced directly to the action of veratrum. Upon the first view of this stranger he viewed it with rather a suspicious eye. He wanted to know to what class of medicine it belonged. The reduction of the pulse seemed to be the only effect that was produced by it in his practice. He had seen it paralyze the heart's action to that degree that it never started again. He related some cases to show that this pet "lion" is not the harmless thing it is represented to be.

Dr. Harmon thought that when active blood-letting was efficient, veratrum would alike be efficient. He found it to be beneficial to a great extent.

Dr. Brennan said, as far as his experience went, a general prostration was the result.

On motion of Dr. Hurxthal, the report of Dr. McMcens was read. It was moved, that the report be received, and placed in the hands of the Committee on Publication.

The report of the Committee on Practice was then announced to be in order; whereupon Dr. Smith, the chairman of the committee, read the report.

Dr. Holston offered a resolution, that when we do adjourn, we adjourn to meet at Columbus, on the first Tuesday in June, 1858, and that that place be made the permanent meeting place of the Society hereafter.

Dr. Hurxthal moved an amendment, that Massillon be inserted in the place of Columbus, and that all after the figures 1858, be stricken out. Motion prevailed.

Dr. Hays was then invited to give his views to the Society, in regard to the treatment of chilblains, frost-bites, etc., and in a few able and

comprehensive remarks, related his experience in the treatment of those diseases in the Arctic regions.

He said, that the influences of climate upon the animal economy were marked, and the diseases peculiar. He had never seen a case of tubercular disease among the natives, and this is doubtless due to the great consumption of fatty food. If he had a consumptive patient, he would send him to Greenland, if possible, and put him upon train-oil diet, with a dog sledge and a bear hunt for exercise. He had heard of but one case of hemorrhage from the lungs, through his friend, Dr. Kane, jr.

The crew of the *Advance* suffered much from scurvy, but the Esquimaux are rarely afflicted with it. The prevalence of this disease he attributed to the combined influences of salt food, darkness, and cold. The darkness seemed to have a bleaching effect, and tended to diminish the coloring matter of the blood. The brick-dusty appearance of the blood, mentioned by Dr. Kane in his narrative, expressed it very clearly. In the treatment of this fearful disease he derived much benefit from the use of raw potato, which he dressed for his patients as a salad; but its effect was lost when the severe cold weather of mid-winter set in, overpowering the vital forces. Strong carbonaceous food was then requisite, and potato was only good as an adjunct. His specific then was walrus meat, or, still better, the liver of the same animal. But the term *specific* he would only use here as applicable to the meat in a raw state. It seemed then to have a power which was lost by the process of cooking. Like cooked fruits and vegetables, it lost its freshness. He gave it at first to his patients, dressed like the potato, as a salad. They afterward became partial to it, and overcoming their repugnance to raw flesh and hard frozen, they really often preferred it thus.

It is in this condition the natives mostly take their food, and from them the Doctor received the idea to which he believed the ship's company owed its salvation. They had no vegetable food, and a strictly animal diet, in that region, seemed to furnish all the requisites of perfect health.

By request of Dr. Kinkaid, Dr. Hays gave his experience with frost bite, and how he had derived valuable aid from the practice of the Esquimaux. He would relate a case falling under his notice: an Esquimaux had his leg frozen above the knee, stiff, colorless, and to all appearances, lifeless. He was placed in a snow house at a temperature of 20° below zero. The parts were then bathed with ice-cold water for about two hours, then enveloped in furs for three or four hours. Then frictions were used first with the feathery side of a bird skin, then with snow, alternately wrapping the limb in furs, and rubbing it for nearly twenty-four hours. It was then carefully wrapped up, and the temperature of the snow house elevated, by lamps, above zero. On the third day the patient was taken to his house (where they have often a temperature of 70° or 80°), and in seventy hours he was walking about, with only a slight frost bite on one of his toes.

This treatment the Doctor thought highly philosophical, and he profited greatly by it in his own practice with frost-bitten limbs. The point being to keep away all extreme heat, and allow the vital powers

of the system to do their work. By exposing a frozen part to a warm temperature the skin becomes thawed out and dies before the circulation can work its way through the underlying frozen tissue.

Adjourned to meet Friday morning.

FOURTH DAY—MORNING SESSION.

The Association was called to order by Vice-President Holston. The minutes of the previous session were read and approved.

The Executive Committee for the current year was then announced, as follows: Drs. Metz, of Massillon; McAbee, of Canton; Firestone, of Wooster; Slusser, of Fulton; Hurxthal, of Massillon.

Dr. Gundry moved, that the report on "Microscopic Pathology" be placed in the hands of the Committee on Publication. Carried.

Dr. Thompson presented a report on "Deaths by Chloroform," which, on motion, was ordered for publication.

Dr. Kyle called for the reading of the report of the Committee on Medical Societies, when it was stated that no report had been made.

Dr. Firestone called for the announcement of the Standing Committees.

The President said, that all the committees would be published in the Transactions, but as members were about leaving it would be better to omit the reading now.

Dr. Scott said, were it not for the lateness of the session, he should object to referring these reports to the Publishing Committee without discussion; but under the circumstances he thought it might be as well to do so. He presented a report on Medical Literature, which, on motion, was referred to the Publishing Committee.

The following was announced as the Committee on Publication: Drs. H. J. Dunahoo, Sandusky; R. H. McMeens, Sandusky; Charles Cochran, Sandusky; Richard Gundry, Dayton; J. A. Coons, Dayton.

It was announced that the delegates to the National Convention had been reported, and would be published in the *Medical Journal*.

The report of the Committee on Insanity was referred to the Publishing Committee, as was also the report of Dr. McMeens on Uterine Diseases; and also a paper from Dr. Thompson on "The Regulation of the Practice of Medicine."

It was suggested, that the Secretary forward the names of the standing committees to the chairman of each committee, that he may inform his coadjutors of their appointment.

Dr. Hurxthal made a motion to adjourn. Before it was put, Dr. Holston, President *pro tem*, gave up the chair to its legitimate occupant, Dr. Tilden, and thanking him, on behalf of the Association for the able manner in which he had presided over its deliberations, desired him to close its proceedings.

The motion to adjourn was withdrawn, whereupon the Secretary announced a report from the Committee on Ethics, by Dr. Hildreth, of Zanesville.

Dr. Hurxthal said, that as this report was an important one, and one that might require some discussion, he would move that it be laid on the table—which motion prevailed.

Dr. Gundry offered the following, which was adopted:

Resolved, That a vote of thanks be tendered to the Publisher and Reporter of the *Register* for their kindness in giving a faithful report of the proceedings of this Association.

It was then moved and carried, that this Association adjourn, to meet in Massillon on the first Monday in June, 1858.

CORRESPONDENCE.

SANDUSKY, June 9, 1857.

EDITORS OF MEDICAL OBSERVER:

As requested, I forward you the Proceedings of the Convention at this place, as reported in the *Daily Register*, and a hasty sketch of the outside programme of things in general.

The meeting of the Society at Sandusky, was one of the most interesting, harmonious and satisfactory of any I have yet witnessed. There were about one hundred and thirty delegates in attendance during the session—"all good men and true." Business was dispatched with commendable celerity; discussions were almost entirely confined to points of professional interest, and scarcely a *show* of personalities indulged in.

The papers and reports presented are unprecedented in number, and amount of matter, and will produce a volume of transactions but little inferior in dimensions to those of the National Association.

One of the most agreeable features of the occasion was a lecture from Dr. I. J. Hays, Surgeon of the Arctic Expedition, under the lamented Kane, who had been invited through the Executive Committee (by the request of the Erie County Medical Society), to be present for that purpose, and who delighted the Faculty, as well as our citizens, on Tuesday evening, with a most charming description of Arctic life and scenery, and subsequently, before the Society, gave an account of the manner in which the Esquimaux treated frost-bite, chilblain, etc., which was truly novel and highly instructive. His unassuming and graceful delivery, and his cordial affability, won the esteem of all who heard him or made his acquaintance.

On Wednesday evening, re-unions were given by the ladies of

two of our principal private residences, where a large number of the elite of both sexes congregated to welcome and entertain the strangers, and from the hum of happy expressions, with the smiling faces of the Faculty, should judge they succeeded most fully in doing so.

On Thursday afternoon, an excursion was given by the Committee of Arrangements to the Faculty, and their invited guests, on board the steamer "Bay City," accompanied by a brass band, and numbering about three hundred in all. The day was cool and pleasant, the lake calm and smooth as a mirror, and after clearing the mouth of the bay, we stood directly for the little galaxy of islands that sparkle in the sunlight as emeralds set in the broad bosom of the blue and beautiful lake. Then coursing along their green umbrageous banks, which were dotted with the white cottages and vineyards of residents, enjoyed a perspective of rare and picturesque beauty, and after rounding the furthestmost point of "Put in Bay" Islands, were soon upon the scene of Perry's memorable victory, which was saluted with three hearty cheers, while the band followed with "Hail Columbia" and "Yankee Doodle," then gliding by the spot where his gallant dead lie buried, the hearts of all were full of pride and patriotism.

Speeches next became the order of the day, and Drs. M. B. Wright, R. Thompson, J. C. Blackburn, of Ky., J. I. Hays, R. Gundry, and Jno. G. F. Holston, kept the company in one continuous shout of laughter and excitement, until we were safely moored at home.

On Thursday evening, four of our lady friends gave a large and general entertainment at West's Hall, which was handsomely decorated, sumptuously provided, and full of the finest music.

The old and venerable—the young and gay, united to give the "Doctors one grand good-bye," and after the "inner man" was surfeited to satiety, exercise became essential, and most of the company involuntarily swam into the mazes of the "merry dance," which extended far into the "wee sma" hours of morning.

On Friday, at nine o'clock, A. M., most of the Faculty left for their homes, apparently full of good wishes for Sandusky, which

was eloquently expressed in the closing peroration of a lecture given our citizens by Dr. Jno. G. F. Holston, on Friday evening, which we here give as reported in the daily paper of our city:

“For reasons not apparent, the attendance upon Dr. HOLSTON’S Lecture last evening was rather meager. Had our citizens generally known what an intellectual feast was to be served up, we do not believe any one of them, who could have possibly left business or home, would have staid away. His lecture was extemporaneous, and one of the finest and ablest efforts ever produced in our city—replete with scientific research and deep thought—couched in elegant language—and delivered in the most agreeable and pleasant style. The lecturer was evidently at home in his subject, and its masterly treatment evinced his thorough investigation of the scientific principles involved. To give our readers even an imperfect idea of the reasoning and erudition with which the discourse abounded would be impossible, in the short space allotted to this notice; but the peroration was so appropriate and beautiful, that we can not refrain giving it. The speaker said:

“The lateness of the hour compels me to bring my remarks to a close. The Ohio State Medical Society has closed its session in your city. On our arrival, we were greeted by warm hearts and smiling faces. We have basked in the sunshine of intellect and beauty. Shall I say we thank you? No! words fail to give utterance to our deep emotion. Let your own soul respond to the sentiments of ours. Most of our members have left for their various fields of labor—to-morrow I also *must* go. We *must* part, but with diamond pencil, deeply engraven upon the tablet of memory, shall ever remain our visit to Sandusky. Amid the storms and turmoils of life, *that* recollection will be to us a green oasis in the wilderness—a blooming Paradise. Take our wishes, O Sandusky! May the crystal waves of thy lake waft into thy harbor the wealth of nations! May the genial breezes of Heaven bring health to enjoy it. Prosperity to thy huts, contentment to thy palaces! May you realize the highest *destiny* of man on earth! Farewell!”

Yours most sincerely,

R. R. McMEENS.

DR. MOTT’S KNOW NOTHINGISM.

MESSRS. EDITORS:—We were in no slight degree amused with the address which our distinguished preceptor, Dr. Mott, delivered before the New York Academy of Medicine, on the occasion of his recent election to the Presidency of that body. It awakened a

vivid recollection of the venerable Professor's lectures and clinical *conferences* which were always enlivened by some sharp thrusts at one or other of his would-be rivals, especially those whom he was accustomed to speak of as "imported adventurers." It is manifest that, though far advanced in the down-hill of life, the veteran surgeon has as warm a *broad-side* for a certain class of aliens as he ever had.

We are aware that the address has provoked much and fierce criticism in various parts of the country, in view of what has been termed its *know-nothing* features. The authors of these criticisms have done great injustice to Dr. Mott, in assuming that the objectionable sentiments of his address are the offspring of his political principles. This is a most egregious mistake. Mott, though as pure a patriot as ever shed blood, is no politician, much less a political Know Nothing. His Know Nothingism has no foundation in, and no connection with, politics. It is entirely *sui generis*, and grows wholly out of the fact that his most troublesome professional rivals, his most faithless professional associates, and the men who have been most unwilling to do justice to his great surgical skill, have *all been foreigners*. This is the origin of his prejudices and the sole ground of his recent declarations against the permission of any foreign element in that great temple of American science—the New York Academy.

We propose, in the present article, to present your readers with a brief sketch of some of the men who were instrumental in exciting this prejudice in the mind of Dr. Mott, and to state some interesting circumstances connected with its development; and as we do not wish to trespass largely on your space, we will confine our sketch to those foreigners who have been conspicuous for their inimical relation to Dr. Mott, as well as on account of their prominent position in the medical world. Of these, we shall mention Drs. Bush, Detmold, Granville Sharpe Pattison and Draper, the representatives of Ireland, Germany, Scotland and England.

Bush was a man of extraordinary genius, but of an impulsive and erratic temperament. He had been a pupil of Sir Astley Cooper, and succeeded in gaining the special favor of that great man, although his dissipated and reckless conduct rendered him obnoxious to all the other professors, whose lectures he not only

disregarded, but frequently interrupted by his drunken remarks. In the presence of Sir Astley he was always respectful and attentive. He contracted a remarkable fondness for anatomical investigations, and was often known to spend from twelve to sixteen hours in the dissecting room without any company save the cadaver, or any nourishment except what was to be found in a bottle of malt whisky. For a long time he was Sir Astley's chief assistant in all the great hospital operations of the day. On one occasion Sir Astley is said to have remarked that "if Bush had not the misfortune to be an Irishman, he would be the first surgeon of Europe." Being born on the wrong side of the channel, he considered his *habit of drinking* incurable. His perfect knowledge of surgical anatomy, and his dexterity in the use of the knife were not the chief elements on which the promise of his future greatness was based. He possessed a clear and penetrating mind, a sound judgment, and a brilliant imagination—two qualities rarely united in the same individual. In addition to these he was endowed with great fluency and beauty of expression, and a certain independence or rather lawlessness of style that rendered his talents none the less popular with the masses. On coming to New York, he was cordially received by the faculty there, and at once took a prominent place among the surgeons of that city. Mott was just approaching the zenith of his glory. He was conceded to be the Napoleon of American operators. He had tied the *innominata*, and his fame was rapidly extending to the ends of the earth. Bush, whose jealousy was equal to his ambition, refused to acknowledge Mott's superiority, and on all occasions he indulged in ill-natured and disparaging remarks respecting Mott's qualifications, both as a surgeon and a scholar. He was wont to speak of Mott's elevation as "pre-eminently accidental," and to say that "his reputation was a bubble which would burst whenever his skill was put to the true test." His appointment to a Chair in the Crosby Street College gave him a fine field for the display of his professional ability, while it also afforded him an opportunity (which was not unimproved) for prosecuting his assaults against his illustrious colleague. Without dwelling further on the characteristics of this singular man, we shall proceed to mention a circumstance that placed him in the front rank of the New York

surgeons, and filled the metropolis with his praise. It was probably this circumstance that completed the breach between him and Mott, and which to this day embitters all the latter's allusions to his unfortunate rival.

The wife of a wealthy merchant, in New York, had a large tumor, about which several eminent surgeons, including Professor Mott, had been consulted. None of them would undertake an operation, and the gentleman went with his wife to London, to consult Sir Astley Cooper. He advised an operation, but instead of operating himself, as the patient desired, he recommended the merchant to return with his wife to New York, and have the operation performed at home by Dr. Bush, assuring him that Dr. B. would operate as safely as any surgeon in London. The merchant returned, sent for Bush, and the operation was performed in the presence of a large number of the city surgeons, many of whom had predicted that the patient would die on the table. The result, however, proved to be eminently successful.

From that time, Mott felt that he had a powerful rival to contend with. And well might he do so, for the eclat of all his operations was for the time eclipsed by the splendor and circumstance of Bush's grand achievement. It is impossible to say what would have been the issue of this contest had Bush lived; but, poor fellow! his career was as brief as it was brilliant. His change of country and association had not changed his habits, and at an early age he fell a victim to intemperance.

We have sometimes wondered how Valentine felt when he first saw the notice of Bush's death in the morning papers. Did we not know that he is as kind-hearted as a Quaker, we might suspect him of feeling somewhat as did the Frenchman whose wife lies in Pere la Chaise, and over whose grave the *bereaved* husband placed the following inscription:

"Ci git ma femme, c'est bien
Pour son repose et le mien."

Soon after Bush's death a young German surgeon made his appearance in Gotham. He began his career by chasing up and straitening out all the club feet he could find about the city. The novelty and success of his operations, aided no doubt by his magnificent style of living, at once placed him among the nota-

bilities of the town. His handsome person, costly livery, and courteous address gave him speedy access to the society and patronage of the first circles. He was the special favorite of the German aristocracy, and of the Germans and Dutch generally. The vast foreign population of New York suggested to him the establishment of a Surgical Clinique, which for the last twelve or fifteen years has been one of the most popular schools of instruction in the country.

For many years the warmest friendship existed between Detmold and the professors of the University, including Dr. Mott, who was then president of the faculty. Detmold's skill as an operator and his eloquence as a lecturer attracted a large number of students around him. These he sent to the University; and, in consideration of his influence and efforts in their behalf, the professors promised him a chair whenever a vacancy would occur in the faculty. Detmold was ambitious to succeed Mott in the chair of surgery, and was assured by Pattison, Be ford and Draper that he would be appointed in the event of Mott's death or resignation. Mott suspected Detmold's object and resolved to defeat it. He had two promising surgeons in his own family, a son and son-in-law, by one or other of whom he very naturally wished to be succeeded. This is the starting point of the bitter hostility that for the last seven years has subsisted between these two eminent men.

In '49 Dickson resigned his chair and returned to South Carolina. Detmold was elected to his place. Mott was in Paris at the time, and on receiving the news he wrote a letter to the faculty, in which he stated his objections to the new appointment and threatened to resign on condition of Detmold's being retained in the chair of practice. He even went so far as to make a conditional resignation. He knew if Detmold was once in the faculty, his influence with the other physicians and his great popularity with the students would render his transfer to the chair of surgery easy and certain in the event of his own retirement, and as the University had been founded on his reputation, and its prosperity was depending on his connection with it, he thought his old friends and allies, Pattison, Draper & Co., would no more think of accepting his resignation than they would

think of cutting their own throats. The sequel showed that Pattison and Draper, who were the master spirits of the concern, differed with Mott's view of the case. They imagined that the University could get along without him, and that there was nothing in the nature of their previous relations to prohibit them from making the experiment. Alas for the uncertainty of human friendship and human reliances, especially when those reliances are placed on foreign objects. So felt Professor Mott, when the next steamer brought to him the startling news that his resignation was accepted, and that a new Professor of Surgery was elected to fill his place. He never forgave Pattison's treachery. Whether he has forgiven Draper we know not. We are sorry he ever permitted himself to return to the University. How can his connection with it be otherwise than humiliating so long as his former repudiator, Draper, holds the reins of the Presidency, and thereby keeps the foreign element in the ascendancy.

After such an experience we do not wonder at Dr. Mott's emphasis in cautioning the Academy to beware of foreign influence. It is not many years since one of the foreign-born members made an attempt to have Dr. Mott expelled from the Academy, because he circulated private cards throughout the city, inviting surgical cases to his clinique, and promising gratuitous treatment. After presumption like this is it strange that the President of the Academy should avail himself of his present position to put a check on these troublesome aliens.

We must admit we don't understand how the scientific contributions of such men as Draper, Brown-Sequard, etc., can injure the Academy or lessen its character as an American institution, for it must be confessed that though those men did not happen to be born on the banks of the Tombigbee or Wabash rivers, they are not the less American doctors, and American citizens, and all the labor of their heads and hands are so many *American* contributions to the great commonwealth of science and literature. Still if the great Father of American Surgery, in his great wisdom, desires to see these foreign academicians silenced, if he even insists that they ought to be muzzled during the future debates of the Academy (according to the prevailing mode of dealing with dangerous dogs), we have not the slightest objection to car-

rying out his will in this matter, and in furtherance of the project we would suggest that there is a very worthy and experienced muzzle-maker a few doors from our office, who would be happy to supply the Academy with any number of muzzles on the most reasonable terms.

DAYTON, O.

M. A. C.


REVIEWS AND NOTICES.

On the Diseases of Women; including those of Pregnancy and Childhood. By FLEETWOOD CHURCHILL, M. D., T. C. D., M. R. I. A., Vice President and Fellow of the King and Queen's College of Physicians, in Ireland; one of the Presidents of the Obstetrical Society, Professor of Midwifery, etc., etc. A new American edition, revised by the Author, with notes and additions, by D. FRANCIS CONDIE, M. D., Fellow of the College of Physicians of Philadelphia, etc., etc. Philadelphia: Blanchard & Lea. 1857. pp. 768.

THIS work is dedicated by the Author to the Profession in America, as an expression of his admiration for their intelligence, energy and scientific attainments, and of his gratitude for the kind approbation they have extended to his works.

It is divided into three books. The first treats of diseases to which women are subject, independent of Pregnancy. The second is on the Diseases of Pregnancy. The third, on Diseases of Childbed. Neither time nor space will permit us to make an extended notice of this excellent book at present. An examination will quickly convince any one competent to judge of its merits that it extends over all the ground which can be profitably occupied by a work of this kind. It is thorough in its teachings, and brought up to the present state of knowledge on the subjects upon which it treats. All who wish a comprehensive work of this kind, will do well to purchase it.

For sale by Truman & Spofford, Fourth street, and Rickey, Mallory & Webb, Main street. Price \$3. o

 WE are again obliged to abridge our Book Notices. We hope Publishers will be patient with us. We hope to bring these all up with our next number.

EDITORIAL AND MISCELLANY.

MEDICAL FEES.

THIS subject is rightfully attracting some attention in the profession at the present time, and we presume there are but few who do not feel the necessity of a more liberal compensation than is now received. We believe it to be a fact, as has been stated, that "no men live more for the public and less for themselves, than industrious and attentive practitioners of medicine." The public exact of us an entire devotion to our calling. It is expected that our time, health and energies, physical and intellectual, shall be at the service of the afflicted. Every moment not engaged in active duty, must be appropriated to study and preparation for meeting and combating disease. We are subjected of necessity to witness scenes of distress, suffering and death; the sick and the dying must be our constant companions, with the mind put to its utmost tension in devising means for relief. No devoted member of the profession expects to escape from these conditions. But we are flesh and blood, with like feelings, influences and necessities with other men; requiring food, raiment and some relaxation from constant toil. How are these to be obtained? By a just and equitable compensation for our services. Is this now received by us? We think not. The public would be better served, and the profession improved if it were the case. Our fee bill is founded upon the relation of circumstances existing fifteen years ago. Charges are now the same as they were then, while all the expenses of living have wonderfully advanced. The cost of a good horse is at least double, and his keeping fifty per cent. higher. Beef, at that time, was five and six cents per pound; now, twelve and fifteen in our market; and rents have also doubled. Every thing else is in the same proportion, so that the cost of living is double or treble what it was at the time the present rates of charging were agreed upon. Are we to submit to this disproportion, or shall we step forward and ask an advance in our fees?

No reasonable man having the ability to pay would object to it, but the movement must be on our part. It will not be expected that the public will attend to our interests unless we look after them ourselves. It is well known that physicians seldom obtain a competence upon which they can retire in the evening of life from business. They are usually obliged to perform the drudgery of the profession even when their hands are whitened by the frosts of age, and as long as physical and

mental strength holds out. It is only by some fortunate turn in their affairs, independent of daily earnings, that this is done. The merchant very often of forty years can count his thousands and hundreds of thousands upon which he can retire from the harassing cares of life unmolested by the whims and caprices of men and enjoy the society of his family and friends in a rational manner. The lawyer too, with his large fees for services rendered without exposure to the inclemencies of the weather, or rising from his bed at the hour of midnight, can withdraw from the mental cares of the profession, and enjoy the cool, refreshing breezes of a country residence ere fifty years have rolled over his head. Look at the toiling physician in our large cities during the hot months of the summer, while the merchant has turned his back upon his business, and the lawyer and the judge are enjoying themselves together in some pleasant retreat, he alone is uniformly compelled to stand by his business and meet, perhaps, the dreadful epidemic that may be decimating the inhabitants. For these privations and hardships there ought to be a reasonable remuneration, and the remedy is in our own hands. We must increase our rates of charging *those who have the ability to pay*. It is a small matter to them, while it may be of vital importance to us.

Some plan ought also to be devised to prevent the imposition of those who never pay a physician, although able to do so. A black book, under proper restrictions, might meet the case, in which information could be given of those who are in the habit of leaving one professional man for another as soon as the payment of a bill is asked for. In this arrangement it is not proposed to cut off those who of right can claim our indulgence in the payment of a bill, but only those who have the clear ability without the will to pay. Physicians are proverbially ready to respond to the calls of the sick when no pecuniary reward can be given them on account of poverty, and we hope this will always be the case. We would not detract one iota from the benevolent features of our calling. It is one of our glorious privileges to relieve suffering under whatever circumstances it may present itself to us, without stipulation for pecuniary reward. But let us with one unanimous voice set a proper value upon our services, and insist upon a prompt remuneration, from those who have the ability to pay, in some measure proportioned to our labor and necessities.

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THE PROCEEDINGS OF OUR STATE SOCIETY will be read with interest, as well as the spicy letter of Dr. McMeens. We have very materially condensed the proceedings, and yet they occupy considerable space. We are happy to learn that this was one of its most agreeable sessions.

"'Tis pleasant sure to see one's self in print,
A book 's a book, although there's nothing in 't."

THUS wrote one of the ancients, which one I don't remember. That he wrote truly, modern literature, secular, clerical and medical, fully attests. To make a book containing material of which the *greater* as well as *larger* portion is "*hooked*," or to disrobe a French, German, or any foreign author, and clothe him in the language of the "*stars and stripes*," appears to be the fashion in these *our* days.

Genius is rare, or modestly hides its head, while industry, slowly piling stone upon stone, gathered from various intellectual quarries, at last plants a flag-staff, unfurls the bunting, and thus solicits attention to the wonderful monument achieved. Why this industry? Does love of truth, or philanthropy, excite it? Is the love of fame, or the love of money, the motive power propelling or dragging the literary car from Dan to Beersheba, accumulating on its way the ideas, the tropes and figures from which to manufacture a pamphlet or a book? Some attempt book-making for the notoriety they hope will be the result; others for the money that *may flow* into their coffers; while few, *very few*, indifferent about seeing their "*thoughts in print*," honestly write with the conviction that they have something of importance to communicate to mankind.

Thus from various motives arises volume upon volume of *paper and ink*, adding to the already accumulated amount of rubbish which obstructs, if, in many instances, it does not completely bar the road to the pilgrim seeking for the products of the human intellect, the ingestion of which would both nourish and strengthen him.

In early times books, or, if you please, manuscripts, were comparatively scarce. Yet Solomon has recorded as a fact of his age, "*of making many books there is no end*." If from his eternal home he takes cognizance of the affairs of men, what must he think of the many books of *these times*! The number must surely astound him, and the quality of a large proportion, if he attempt to discover any thing new, will force him again to exclaim, "*much study is a weariness to the flesh*." The remedy. As regards our profession, so long as love for notoriety continues, and money can be made by *making books*, the sale will continue. If by proper preliminary education, followed by proper medical instruction, the mind of the profession can be prepared to dis-

minate the wheat from the chaff, or if our medical teachers, professors, specially editors of journals (if they have the capacity and honor) would carefully examine the issues of the press, and proclaim the

merits of each work which is paraded before the public, much of the evil would undoubtedly be abated—much of the *trash* which is now puffed into notoriety, and enjoys a fictitious value, would fall still-born from the press. Thus, neither money nor an enviable notoriety obtained, the literary *rag-pickers* would abandon their employment, and the student be relieved of the *weeds* which annoy him, and obstruct his path in the cultivation of the science and literature of his profession.

A

DR. E. T. BUSSELL'S SELF-ADJUSTING UTERINE
CAUTERY.—HIS CIRCULAR TO THE PROFESSION.

WE do not know when we have laid our hands on a more infamous card or circular than the one issued by the aforesaid Dr. Bussell, advertising his *Self-Adjusting Uterine Cautery*. It is, let us state, like all quack instruments, *patented*, and according to the inventor, is the most wonderful one ever offered to the profession. Let us, however, take the Circular No. 1 (there are two), headed, "To the Medical Profession," *seriatim*. The circular begins as follows: "The inventor is fully apprised of *opposition* in the minds of many benevolent physicians, to every thing labeled 'Patent.' " Advised of the *opposition* to patented instruments, knowing that it is contrary to the Ethics, and that no reputable or honorable physician will patent an instrument, he acknowledges himself a *quack* and dishonorable fellow. He states that he has devoted his "life to the invention of new and useful instruments," "and to test the utility of his Cautery," "we invite you to select *the worst case of disease*" (the italics are ours) "connected with the several organs of the female, where topical treatment is required; strictly follow the directions, and upon the result we stake the reputation of the instrument." Certainly, like all of its empirical predecessors, whether pills, powders, lotions, ointments, bandages, or instruments, it is certain to cure every thing! Let us give, however, some of its so-called advantages. "Considered in a mechanical point of view, this instrument is adapted to the restoration of a dislocated uterus to its natural state, the patient (under the instruction of her physician) being competent to use it, as circumstances require." There now!—did any physician ever hear of, or see, an instrument with which a woman could at any moment reduce her own uterus?

"Third. From its self-adjusting nature, a *narcotic unguent* can be applied directly to the os uteri, previous to copulation, so as to favor

fecundation and cure sterility, where the parties desire an heir." What shall we say of the ignorance and impudence of this Bussell? Sterility depends on some unusual condition of the os uteri!

While it *cures* or *removes* sterility, it at the same time is a certain preventive to pregnancy. Hear Bussell: "Where either the bad health of a female, or the risk of losing her life in labor, from pelvic malformation, or constitutional idiosyncrasy, or where from moral or physical disability to raise healthy offspring, it is desired to avoid a repetition of pregnancy, this instrument affords a *perfect immunity—perfect safety*. Mechanically, it does much, by absorbing and removing the seminal deposit from its most secret recesses, by virtue of the neutralizing qualities of a nicely and scientifically compounded *alterant-styptic*, which closes up all the vaginal and uterine absorbents, *ovarian avenues*, at the same time it destroys the spermatazoa, or animalcule in the male sperm."


It cures all diseases of the vagina and uterus, in the treatment of which, topical application of remedies is necessary; with it a woman can reduce her dislocated uterus; it removes sterility; it prevents pregnancy!! This man has the effrontery to send out a circular to the profession, stating that anteversion, retroversion, lateral version, procidentia and prolapsus can be removed, and that too, by the patient herself at any moment; that sterility is dependent on an abnormal state of the os uteri alone; and that he can cure it by the application of a narcotic-unguent with his instrument; and, finally, by the aid of his instrument he can prevent conception!! It is a matter of great surprise to us that he did not state that it would produce abortion. He, however, indirectly tells us that it will do so, in the following language, in giving a formula:

"No. 4. For suppression of the catamenia, cold, or where the female fails to be regular:

R Sulph. Magnesia, 60 grs.

Zingiberis Pulv. 10 grs.

Starch Pulv. $\frac{1}{2}$ oz.

"Mix, apply ten grs. thrice daily, by the instrument to the os uteri and vagina.  Be careful never to use this preparation where the suppression is the result of incipient pregnancy; it being a powerful (though simple) derivative, will almost invariably reward such temerity by producing uterine contractions and consequent miscarriage."

There it is, like the various kinds of "female monthly pills," sold all over the country, warranted to bring a woman "regular," but never to be used by married ladies in *certain situations*. We will be charitable enough to admit that it is possible the author has never contemplated

the vile and wicked uses to which this instrument may be put by immoral physicians and people. To us it seems certain that when it becomes known it will be used to produce abortion. So common has the crime of abortion become in the profession, that the Boston profession recently held a meeting to devise means to stop it. Every physician in respectable practice is applied to frequently for remedies to produce abortion, and that too by respectable married women. This instrument will be speedily bought by this large class, whenever it is made known to them. It will be used too, by those physicians who are ready to do any thing for money, even to the production of abortion. The circular has such an empirical look and style about it, that it is with difficulty we can treat it with any patience.

We have said as much as our space will allow. We caution our readers against it. It is a quack instrument, and in no wise better than the ordinary means we at present have for the application of remedies to diseases of the os uteri and vagina. The author deserves no respect, nor has he any claims on the legitimate profession. Pretending to address the profession only, he has also given the directions for the use of his instrument, together with several formulas, "*in such terms that persons who are not skilled in medical nomenclature, may form a tolerable idea of the probable effects designed to be produced by the same.*" Knowing as we do, that the best informed class of patients are always the most reasonable, and easiest to deal with in a professional capacity."

We are sorry to give Bussell and his instrument so good an advertisement, but we felt it our duty to call the attention of our readers to it, and thereby prepare them should it be presented to their notice. The instrument is made in this city, by its sacrificing and benevolent author, E. T. Bussell, of whom, let us say to our readers, we are in happy ignorance.

†

MEDICAL SCHOOLS—MEDICAL POLITICS.—Our city has been full of rumors for some time past in reference to a proposed "consolidation" between the Medical College of Ohio and the Miami Medical College. After considerable diplomacy an arrangement has been consummated whereby the latter school ceases to exist, and four members of its Faculty, Drs. Judkins, Comegys, Foote, and Mendenhall, go into the former; Drs. Armor, Marshall, Warder, and Tate, withdrawing. We understand the Faculty of the Ohio School, as thus constituted, together with the Board of Trustees, heartily unite in certain general plans for the future, that, if fully carried out, promise to increase the facilities

and usefulness of the school. A fuller *Hospital Service* is contemplated. The students and alumni of the Miami School, are to be placed on an equal footing with a corresponding attendance or position at the Ohio School, graduates of the Miami School being entitled to a diploma from the Ohio Medical College, if desired. At present we have no comments to make upon this new arrangement. We wish it success, but are not committed for it or against it. To our patrons we have to say, however, this will not make any change whatever, at least at present, in the *Observer*. This journal is private property, and is not comprehended in any of these "consolidated" enterprises. †

THE LAW OF CORONERS.—In our issue of the *Observer* for May, we gave a summary of certain modifications of the law regulating the duties of coroners in conducting inquests and post-mortem examinations. That summary was given on the credit of a very intelligent and highly esteemed medical friend. We have learned, through the efforts of Dr. Reeve, of Dayton, as well as through our own personal application at the office of Secretary of State, that such modification *failed* to pass both Houses of our Legislature, and *did not become law*; but the law stands unchanged—the compensation of physicians being provided by order of the Judge of the Court of Common Pleas. We are very sorry our mistake has given some of our friends considerable trouble, and in offering our apology have only to say that our information came in the shape of one of those facts about which we feel so much moral certainty as scarcely to make a second inquiry. †

EDITORIAL CHANGES.—The editorial management of the *New York Journal* passes into the hands of Dr. Stephen Smith alone; Drs. Purple and Bulkley withdrawing. The *New York Journal* is among our ablest cotemporaries, and we wish it abundant success for its future career.With the June number of the *Medical Independent* we find the name of Professor Gunn, of the University of Michigan, associated with Dr. L. G. Robinson as editors; Dr. Kane having withdrawn.....The last number of the *Philadelphia Med. and Surg. Journal* completes its fifth volume, and with it Dr. Bryan announces his purpose to suspend the publication, although with some indefiniteness. †

PORTRAIT OF DR. BUCKNER.—Dr. Buckner occupied a deservedly high position in Southern Ohio, from which he was suddenly removed by death, while yet in the very midst of activity and great usefulness. We can not doubt the very excellent portrait given in this number of the *Observer* will prove highly acceptable to his many friends in this valley. †

BILLS FOR 1857.—With this number of the *Observer* we aim to send out the bills for all arrearages. It is possible we may have made some mistakes—if any such should happen we ask pardon in advance; and if any who know themselves indebted to us do not receive their bill, we hope they will remit promptly just the same. We *need money particularly* at this time. Subscribers will please enclose the bill with the money, and it will be returned in the next number receipted. We return our thanks to those who have remitted promptly; at the same time we are sorry to say that our subscribers have not been so punctual this year as last, while the expenses incurred in our publication have been very materially increased. *We expect every friend to do his duty now.* Two dollars is a small matter to each individual—its aggregate is of great importance to us. †

DR. S. HANBURY SMITH has removed his “Carlsbad Spa” to one of the basement store-rooms of the Burnet House, on Third street.

OBITUARIES OF DRS. WOOD AND JONES.—We publish below the action taken by the profession in this city in reference to the death of our beloved brother, Dr. Wm. Wood. We have not language to express the loss that is felt, professionally and socially, in the death of this courteous, accomplished, and high-minded physician. Our friends at Massilon, too, have lost a brother; we give the action of their faculty. We have also received an obituary notice of Dr. Jones, but we are obliged, from want of space, to lay it over till next month.

D I E D .

On Tuesday morning, June 9th, at the residence of his father-in-law, Ephraim Morgan, Dr. WM. WOOD, in the 50th year of his age.

At a meeting of Physicians of Cincinnati, held June 10th, for the purpose of taking some action on the occasion of the death of Dr. Wm. Wood, on motion of Dr. J. A. White, a committee consisting of Drs. Bonner, C. Woodward and Wm. Judkins, was appointed to prepare resolutions expressive of the feelings of those present. The Chairman, Dr. Bonner, in presenting the report of the committee, took occasion to give a slight sketch of Dr. Wood's career in the profession, and to bear testimony to his industry and perseverance as a student, and his kindness and courtesy while a practitioner, both to patients and his brethren in the profession. Drs. Murphy, White and Waldo also gave some interesting incidents, and united in testifying to his many estimable qualities of heart, and his talents as a practitioner and writer. The following preamble and resolutions were then unanimously adopted:

WHEREAS, In the all-wise dispensation of our Heavenly Father, He has been pleased to take from us by death one of our number, Dr. Wm. Wood, therefore

Resolved, That in the death of Dr. Wood, we mourn the loss of one of the oldest and most respectable practitioners of Cincinnati.

Resolved, That in his honorable bearing toward his professional brethren, and his steadfast devotion to legitimate medicine, he proved himself worthy of our noble profession.

Resolved, That his assiduous and kind attentions to the sick in the midst of much bodily weakness, and in spite of his gradually failing health, have won for him the affectionate and grateful remembrance of his patients.

Resolved, That as a token of respect for the deceased, we will attend his funeral at St. John's Church.

Resolved, That a copy of these resolutions be presented to his afflicted family, with the assurance of our warmest sympathy.

Resolved, That a copy of these proceedings be furnished to the daily papers for publication.

It was afterward, on motion of Dr. Woodward,

Resolved, That we meet at the church, and walk from there to the Cemetery in the funeral procession.

Adjourned.

WOLCOTT RICHARDS, M. D., Pres't.

H. E. FOOT, M. D., Sec'y.

At a meeting of the Medical Faculty of Massillon, held on the 16th of May, 1857, the following preamble and resolutions were unanimously adopted :

WHEREAS, The only certain inheritance of Life is Death—and whereas by the immutable law that calls us into being we are subject to receive this irrevocable patrimony from the earliest conception to "green old age," we should humbly submit to the judgment of Him "who holds the existence of the world in the hollow of his hand," and whereas our professional brother, Caleb Jones, by death has been removed from our midst, therefore be it

Resolved, That in the death of Dr. Caleb Jones, the profession of medicine has lost an honorable and worthy member; the public a faithful, indefatigable and successful physician.

Resolved, That the deceased possessed fine medical attainments, a close discriminating mind, a quick perception, and had received a large share of the confidence of the community where he had resided nearly thirteen years.

Resolved, That we tender to the wife of the deceased our heartfelt sympathies, in this, her hour of deepest affliction.

Resolved, That a copy of these proceedings be furnished to the American Medical Association, of which body Dr. Jones was a member; to the Stark County Medical Society, of which he was President at the time of his death.

Resolved, That a copy of the foregoing be furnished to the medical journals of this State and the county papers, with request to publish.

Resolved, That a copy of the above be transmitted to the widow of deceased.

THE CINCINNATI MEDICAL OBSERVER.

CONDUCTED BY
DRS. GEO. MENDENHALL, JNO. A. MURPHY, AND E. B. STEVENS.

VOL. II.] AUGUST, 1857. [No. 8.

ORIGINAL COMMUNICATIONS.

ART. I.—*Case of Trachoma with Obstinate Pannus, treated by Inoculation with Gonorrheal Matter.* By E. WILLIAMS, M. D., of Cincinnati.

Mr. A., aged 29, by trade a carpenter, came under my care in "St. John's Hotel for Invalids," November 12th, 1856. The patient is of a sanguineo-nervous temperament, with sandy hair, inclining to red, tall and rather slender of stature, with long and decidedly clubbed fingers. For some years he has been troubled with a slight cough, and occasional pain in the right side of his chest, where I found a little dullness on percussion, and a respiration somewhat rude, but no other decided signs of tuberculosis. His father died of phthisis, and his mother, who is still living, has cough and other symptoms of the same disease. Patient states that in the year 1846 he, with all the rest of his father's family, had sore eyes, from which he recovered after a few weeks. In 1852 he again suffered from an inflammation of the eyes, with a feeling of sand under the lids, which kept him from his business about two months. From this attack he did not entirely get well, and in the year 1855 had a return of the acute symptoms that lasted some four weeks, and then became chronic as before. Near the middle of August, 1856, both his eyes became suddenly inflamed, and in two days he could not see in consequence of the pain and swelling. He was purged, bled

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repeatedly from the arm, cupped, blistered, and put through the usual routine of eye washes, with little, if any relief, and on the 12th of the following November I saw him for the first time.

At that time the lids were thickly studded with hard, irritable granulations, which were seen also in the cul de sac, and even on the conjunctiva scleroticæ, many of which were almost as large as hemp seed. The right cornea was so densely covered with vessels and exudation, that only a glimpse of the pupil could be seen through it.

In the left eye the upper half of the cornea was in the same condition, the lower still somewhat transparent, but vessels were beginning to encroach upon it, from the limbus conjunctivæ all around. In other words, the pannus was there in active progress, and destined soon to veil the entire cornea.

The patient had much pain, intolerance of light, lachrymation, and a considerable discharge of mucopurulent matter. He had besides a very worn-out appearance. I gave him but little encouragement in regard to treatment and final recovery. He was leeches, the lids scarified, a purgative administered from time to time, and cold compresses applied to the eyes. In a few days I commenced the methodical application of nitrate of silver, alternated, after some weeks, with the sulphate of copper and warm cataplasms. A month or more passed without any decided improvement, when at length he began to get better, and finally his sight was so good that he flattered himself with the idea of soon going home cured. But he again relapsed, as usual, and in a short time was worse than ever before, and continued so in spite of the most persevering treatment.

On the 2d of April, after having tried ineffectually all known resources, inoculation alone excepted, I proposed the latter to him and he readily consented. In order to prevent any repugnance on his part to the treatment, I told him, when asked what I was going to put in his eye, that it was a new preparation called *glau-dol*, when term he has since repeated to the perfect dismay of all persons of his acquaintance, many doctors even not excepted. The vasculo-membranous covering of the right cornea, at that time, was so thick that he could distinguish nothing at all with the eye, and the pupil was entirely invisible. The left was

in a similar situation, only not so bad, so I thought it most prudent to try the remedy first on the right. With a view to prevent its introduction into the left I closed the lids hermetically with cotton and adhesive plaster, covered over with a thick layer of collodion, and kept them so for over three weeks. This precaution taken, I applied a drop of fresh pus taken from the urethra of a patient affected with acute gonorrhea of only a few days duration.

When I visited the patient the following day (April 3d), about 20 hours after its introduction, he complained of a prickling and smarting sensation in the eye, there was a considerable discharge of tears slightly tinged with red, and the lids more swollen than usual. The next day the swelling had rapidly increased, and extended to the whole side of the face, and he was suffering severely. There was also, at this time, an abundant purulent discharge. The third day after the inoculation the lids were enormously swollen, and purple, and the whole side of the face and neck erysipelatous—the discharge was excessive, and he was racked with intense neuralgic pains in the eye-brow. There was, at this time, no possibility of seeing the globe of the eye, in consequence of the extreme tumefaction and acute pain when the lids were touched. I everted the upper lid as far as possible, and brushed it with a twenty-grain solution of nitrate of silver, and the patient took during the afternoon and night large doses of morphine to allay the pain. After this, but little treatment was used, except cleansing the eyes frequently with lead water injected between the lids, an occasional purgative, and morphine. The fifth day after the inoculation I left the city for a week, during which time the patient was attended to by my obliging friend, Dr. Krause. On my return I found the acute symptoms had much subsided, but the discharge was still very abundant. When the upper lid was everted, the granulations were so swollen, and the intervening tissue of the conjunctiva so much infiltrated, that it formed nearly a smooth surface. As to the globe, which could now be inspected, it was impossible to distinguish the cornea from the schlerotic, so entirely obscured was the former organ by the red, thick coat of exudation and new vessels that had formed upon it. The entire ball had a uniform fleshy, red appearance,

and had I not seen a similar condition after inoculation before, I should have despaired of the patient's sight. I saw, however, that the cornea had not sloughed, and I believed that the new formations would be rapidly absorbed, as the issue proved. I then applied daily a ten-grain solution of nitrate of silver, and the purulent secretion gradually diminished with the swelling and red color of the lids. In about three weeks from the commencement the cornea had cleared off so much that the pupil could be discerned. Up to this time the lids of the other eye had been kept hermetically closed. I then removed the dressing of cotton, straps and collodion, and left the eye exposed in the hope of avoiding the responsibility of putting the matter into it, by allowing it to gain admission accidentally. This was on the 24th of April. On the 27th patient began to complain of the eye, and in 24 hours it was much swollen, suppurating freely. The symptoms, however, were much milder than they had been in the first inoculated eye, and in four days began to abate spontaneously, no treatment having been used but tepid water ablutions. The globe was then found to be much in the same situation in which that of the right was when first seen after the subsidence of the swelling. After this the lids of both eyes were daily everted and brushed with the solution of nitrate of silver, till the purulent discharge entirely ceased, which lasted some eight days, and they were then left without any special treatment. The case steadily and rapidly improved, and the corneæ becoming more and more clear every day, till he left the hospital for home on the 22d of May.

This was about seven weeks after the first inoculation, and some three weeks only from the date of its accidental admission to the left eye. At this time the corneæ had so far regained their transparency that he could see to find his way easily about the hospital and to travel alone.

The lids, especially the superior, were still covered with granulations, but they were much less in size than previous to the introduction of the virus. The eyes were entirely free from pain, except slight intolerance of light. He felt no rubbing sensation, and there was no discharge. I prescribed for him a solution of the grains of alum and sulphate of zinc to an ounce of

water, to be dropped into the eyes three times a day, and gave him nothing else. A little more than one month after leaving for home, he returned (June 25th) in the following situation: He states that his eyes have constantly improved, and he has suffered no inconvenience from them, except slight photophobia, for which I had advised him to wear a pair of blue goggles. The lids are nearly smooth, and the conjunctiva has regained a good deal of its natural appearance, especially where the granulations have been entirely absorbed. The corneæ, apart from the slight haziness at the upper part of each, a small speck near the centre of the right, and a few fine, almost invisible vessels, which will eventually disappear, are perfectly clear. The pupils are free and quite active, and the patient can read common size print with tolerable ease, but only at a distance of about seven inches. This apparent myopia I attribute not to any change in the convexity of the corneæ, for I can detect none, but to the slight haziness and the partial loss of the sensibility of the retina from long disease of the eyes. His sight improves daily, and the myopia is disappearing. His general health has very greatly improved since his eyes began to recover, but especially during his trip to the country. There never has been any disposition to relapse since the subsidence of the gonorrheal inflammation, and the patient is certainly free from a disease, which, there is every reason to believe, would have rendered him blind for the rest of his life, had it not been for the inoculation. Next month I hope to have time to contribute an article on the indications for inoculation, and other questions connected with this valuable resource in obstinate cases of pannus, with or without granulations.

ART. II.—Croup. Extract from a lecture delivered before a Medical class in Keokuk, Iowa, by T. L. WRIGHT, M. D.

• • But it will happen too often, that after all our most energetic remedies have been judiciously employed, the patient will gradually proceed downward from bad to worse. The throat becomes more and more obstructed with mucus and false membrane—it may be in shreds. The respiratory efforts, at

first considerable, become gradually less energetic as the strength of the patient wastes away. The heart acts laboriously, but obviously ineffectually. The lungs admit but a small portion of air at each inspiration—much too little for the proper ventilation of blood, except in very small quantities. The patient is greatly prostrated. The head is congested. The eyes are protuberant, and it may be injected; while around the eyelids, under the nails, and upon the lips, the dark hue of asphyxia settles, and the cheeks and fleshy portions of the body become mottled with the marbled aspect of claspings death. Even the breath returns cold from the lungs. For the circulation has nearly ceased there, and the body has already begun to cool from the contact of air with venous blood in the lungs; while there is not sufficient change in the character of the blood from venous to arterial, to sustain the animal heat.

The question now is, can nothing be done to save the patient?

Considering the extent and energy of the practice already put in force to cure, it must be confessed, the case looks desperate. Undoubtedly at this very juncture, in many thousands of cases, when the patient may live ten or fifteen minutes, or, perhaps, two or three hours, but, unless relieved, must inevitably die in a short time—the physician has taken his leave, satisfied in his conscience that he has done all that was possible, and fully convinced of the utter hopelessness of further effort. This is the common practice, and the result has always been as the physician had foreseen. The patients have all died. But again, the question is, can nothing be done?

Clearly the trouble now is, as it has been in some measure all the time, a disproportion between the amount of air actually respired, and the amount of blood circulating in the system. The venesection that has, perhaps, already been employed, has restored the natural relations of the blood, and the air respired, to some extent. But we see that it has not, in the present case, been nearly sufficient. Asphyxia and coma are advancing. Add to which the effusion of tough mucus, which always is thrown out into the bronchial tubes in all cases of apnoea, toward the period of death, still further complicating the respiratory process, is even now progressing. The important indication is still, as ever,

to restore the proper relations between the respiration and circulation. Can it be done?

Sometimes it may.

It will not do to abstract blood from the jugular vein in a condition like that described. The jugular veins are turgid it is true. But they are turgid from obstruction in the lungs, whereby all the circulation is retarded, and kept in the venous system and the capillaries. The pulse is exceedingly weak, frequent, compressible, or fluttering. The patient is excessively prostrated by the poisonous influence of venous blood circulating throughout his whole capillary system, as well as by previous treatment, and the violence of his disease.

If we then abstract a sudden gush of blood from the jugular vein, we so quickly remove the pressure upon the brain that syncope must ensue. In less than a minute, the patient must sink still lower, and it may be, he will cease to respire altogether.

The only practice that now remains, is to open a vein, the foot or ankle, and place the limb, after bandaging it slightly—for tight bandaging will arrest the circulation altogether—in a bucketful of as warm water as the hand can bear.

At first the blood will flow *guttatim*. But if it happens that we have ten minutes of time only, we may, perhaps, save the patient. We always can help him. We will not let the blood flow with an eye to *quantity*. We bleed only for the effect. It is astonishing how little blood, taken at this time and in this manner, will create, sometimes a complete revolution in the symptoms. In a few seconds, in favorable cases, the patient will exhibit symptoms of renewed strength; for every drop of blood taken from a patient under these circumstances, is a drop of most oppressive poison abstracted from his veins. The first effect of our bleeding must be stimulating, exhilarating, not weakening. Not only do we abstract thick, black poison, directly from the vessels, but instantly, also, we afford a new chance for the patient to live, by decreasing gradually the volume of the blood upon which the diminished respiration is called upon to operate. We also relieve an oppression of the nervous system, which is inimical to the proper arterialization of the blood.

The diminished volume of blood, with the rising strength of

the patient, results in renewed and more satisfactory efforts of respiration; and, if the favorable symptoms continue a little time, we see the flushed face, the red lips, the bright eye, and the elevated pulse.

This is a triumph of art and science that *has been* accomplished, and it has made the heart of the physician bound as though he had won a great and glorious battle. Not a battle, after which the dead lie stark in thousands, and the wounded shriek in agony, but a battle in which old *Death* has been met in his stronghold and conquered, and his victim drawn out from between his very jaws.

I have given the worst possible case in illustration. When venesection has not been practiced in the earlier treatment, the practice just described will be most hopeful. I do not say that this practice will always save the patient, but I say it is a last chance, and it will save some patients.

ART. III.—*Case of Abscess of the Lung.* By W. SPENCER, M.D.

A CASE, exceedingly rare to myself, and, I presume, to the profession generally, occurred in my practice in last month, a cursory view of which I am certain the profession will listen to with interest.

I was called, in connection with my partner, Dr. Ross, to see A. S——, aged 26. Found him expectorating a gray, opaque sputa somewhat disagreeable to the smell. The sputa was not at that time tinged with blood, although he had previously been troubled with a very slight hemoptisis. His appetite good—digestion good—circulatory and nervous system pure—pulse 88, and tolerably full. The strength of the patient at this time, and for a week subsequent to it, was remarkably good. We failed to discover any hectic, emaciation, abnormal sweats, or any of the concomitants of pthisis pulmonalis, although such afterward was the prognosis of a very worthy physician subsequently in attendance.

Upon further inquiry, we were informed “he was an old martyr to spasmodic asthma,” but had been thrown from a horse some three months previous to the time of our examination, which was supposed by himself and friends to be the cause of

the present bad symptoms. This led us to suspect many of the direful results of which asthma is the precursor, and which follow in its wake like the hungry shark about the wrecking vessel. Auscultation revealed a circumscribed spot as large in circumference as a goose egg, in the mammary region of the left side, impervious to air, and clearer upon percussion than in health. His liver was in a torpid condition, much enlarged, and, from the color of the skin and conjunctiva, was evidently performing its functions very imperfectly. We left him an alterative expectorant, composed of tartar emetic, syrup ipecacuanha and iodide potassium, with the addition of an unction of tart. emetic over the mammary region.

Next day found him expectorating copious quantities of the glairy, tenacious, cadaverous sputa. Countenance good, spirits fair, pulse 75. Here found him a dupe to this late and popular quackery, *Inhalation*, which evidently injured him very materially each time it was administered. We ordered the discontinuance of this nostrum and empiric, upon forfeiture of our services. He liked humbuggery too well to give up "the great lung curer."

Ten days after the above, we were called upon to make a post-mortem examination. We found a firm and entire adhesion of the pleura costalis and pleura pulmonalis. In separating the costal cartilages, the knife accidentally cut a small hole through these membranes, when there escaped, for several minutes, a cadaverous flatus which was almost insufferable. We found the left side *as devoid of lung as the palm of hand*, it having been completely disorganized, and its place supplied with lymph, which *measured nearly three gallons*. The pericardium and endocardium were thick, and the walls of the heart were not so; there was enlargement of the thymous gland; the bronchii bore evident marks of inflammation and ulceration. This case possesses a double interest. The large amount of disorganized lung, and the apparent great strength and vitality of the patient under such desperate havock, within so vital a part. How he could survive to so remote a stage of the disease, it is to me a mystery.

ART. IV.—*Puerperal convulsions, a case by A. P. DUTCHER, M. D., of Enon Valley, Pennsylvania.*

DURING the last three months I have met with four cases of this most frightful complication of labor, and as they all presented nearly the same symptoms, and were treated in a similar manner, and all terminated in recovery, I have, therefore, concluded that the publication of the following case which is a fair sample of the whole, might be useful and interesting to some whose minds are unsettled and wavering as to the best mode of treating cases of this kind:

Feb. 16, 1857.—Called at 2 o'clock, A. M., to see Mrs. —, aged 40; nervo-bilious temperament; has generally enjoyed good health; pregnant with her *thirteenth child*. Mr. — informed me that for several days his wife had complained of acute headache, and had been extremely sick at the stomach, and had vomited a great deal of thick, glairy mucus; she had also suffered much during her pregnancy from heart-burn and constipation of the bowels. About 1 o'clock he awoke and found her in convulsions. She however soon came to, and appeared quite conscious; in about half an hour she was seized with another, and having now become alarmed, despatched a messenger for me; I found her quite sensible, with a full bounding pulse; very restless, complaining of great pain in the head and continually rolling it from side to side upon the pillow, with nausea and vomiting. While in the act of bleeding her, she was suddenly seized with quickly repeated spasms, the face and eyes twitched with great rapidity in almost every possible direction, and indeed the whole body was violently agitated; the face became flushed and in few seconds changed quite livid, the tongue was thrust forward between the teeth, the respiration at first was much hurried, but soon became almost suspended; the pulse could hardly be felt; the carotids and jugular veins were very much distended; a sharp hissing noise came from the mouth; the lips were covered with a frothy saliva tinged with blood from the wounded tongue; a cold, clammy sweat bedewed the whole body. In about five minutes the par-

oxysm began to subside; the convulsive motions became less violent; the pulse more distinct, the breathing less oppressive, the face less livid, and in ten minutes from the time the convulsions commenced, she fell into a comatose state from which she could not be aroused without considerable exertion on the part of her attendants.

I now re-opened the vein in the arm, and took about THIRTY OUNCES OF BLOOD. After this she appeared more sensible; complained of pain in the head, and asked for a drink of water, but could not swallow; she also complained of being blind; objects appeared double; the pupils were very much dilated. On examination per vaginam, found slight uterine contractions; os tincæ dilated about the size of a dime; head presents and high above the superior strait. She now remained free from convulsions for two hours when they returned with increased violence and frequency; recurring every twenty minutes. They appeared to come on simultaneously with the labor pains. I now bled her again freely; this greatly modified the severity of the spasms. They now occurred about once in thirty minutes; the patient in the intervals being comatose. At 11 o'clock the os tincæ was dilated to about the size of a dollar, and no ways rigid. At 1 o'clock the paroxysms are more frequent. On examination the os tincæ is dilated to nearly its full size, but there is no propulsive action; the child no ways engaged in the pelvis. Notwithstanding the large quantity of blood that has been taken the pulse is still full and hard.

Fearing that my patient's brain would suffer irreparable injury from the continuance of convulsions, and feeling confident that nothing but a termination of the labor could arrest them, I proceeded at once to deliver the child by turning, which was accomplished in the usual way without difficulty. The child was delivered alive, and appeared to have attained its full term of uterine life. Mrs. — had but one convulsion after the delivery. She suffered much from after-pains for several hours, which were finally relieved by enemata of tinct. opii and starch as she was still unable to swallow. At 9 o'clock she fell into a quiet sleep, and rested very well during the night.

17th, 8 o'clock A. M.—Pulse 80, and soft; more sensible and

can swallow some this morning; gave sub. mur. hydrg. grs. 10, and pulv. rhei grs. 15, to be followed in 6 hours with castor oil.

18th, 9 o'clock.—Pulse 70, skin cool and moist; faculties of the mind all improved; head free from pain; had no idea of what had occurred during the last two days until informed this morning; could not believe that she had been delivered until nurse showed her the child. From this time she made a good recovery without any further medical attendance, and was able to resume her household duties as soon as in any of her former confinements.

REMARKS.—From what I have seen of puerperal convulsions, I am fully satisfied that blood-letting and prompt delivery, furnish the only possible means of relief. Depletion should always be regulated according to the necessities of the case and not by the amount. In one case *thirty ounces* may be sufficient, while in another it may require *sixty* or *one hundred*. In the above case it required sixty ounces to overcome the inordinate and powerful arterial action, and I have sometimes been astonished at the quantity that it is necessary to take in order to effect this object. Dr. Dewees relates a case of puerperal convulsions, where in a few hours, he drew 120 ounces of blood, and the patient made a speedy and good recovery, as much so as in any of her former labors, when no blood was taken. We had better run the risk of bleeding our patient too much, than let her die with an effusion of the brain.

In regard to delivery our duty is equally plain. If nature does not accomplish her own work, we should do it by artificial means as soon as possible. We should, however, never attempt this unless there is an evident disposition in the uterus to effect the expulsion of its contents, it is then and then only that we are to attempt to assist it. A forcible attempt to dilate a rigid os uteri should never be thought of, and only in some of those formidable and desperate cases of *placenta previa*, where hemorrhage threatens the immediate existence of the patient. Turning is the means to be employed when the child is still in the uterus, but when the head has escaped from it we may employ the forceps.

ART. V.—*Report of Medical and Surgical Society of Sidney, Ohio*, by T. L. NEAL, Secretary. Diseases of Shelby county from April 14th to June 14th, 1857.

FROM the date of our last report till about the first of May, the diseases of the lungs gradually diminished in frequency, while diseases of the throat and mouth became more general, so that now we met tonsilitis about as often as we did pneumonia and bronchitis during the month of March. We find, as a peculiarity, a general asthenic action, with a tendency to ulceration, and, indeed, sloughing. With the coming of May, scorbutus made its appearance and prevailed more extensively than it has ever done in the county. New cases of scurvy were reported at each meeting (weekly) until the last in the month. The disease occurred mostly among the poorer classes, whose sustenance was, in many cases, nothing more than corn bread and salt meat. There was, in general, little trouble in curing those afflicted where a liberal diet could be obtained. In addition, we had (with perhaps an unusual number of cases of facial neuralgia) nothing different from the ordinary number of vernal diseases. As we propose prefacing our reports hereafter, by giving the mean temperature, number of clear, cloudy and rainy days, with the variations of the winds, we will subjoin the following table for the past four months:

	Feb.	Mar.	April	May.
Mean temperature.....	41°	33°	39°	54°
Clear all day.....(No. days).....	4	4	1	1
Cloudy.....	14	13	17	21
On which it rained.....	8	4	5	15
“ “ snowed.....	2	5	11	1
Wind varying from south to west.....	19	17	16	11
“ “ “ north “ “	7	13	9	8
“ “ “ south to east.....		1	1	2
“ “ “ north “ “	1		4	10

ART. VI.—*Fractures of the Neck of the Thigh-Bone*, by R. D. MUSSEY, M. D., Professor of Surgery in the Miami Medical College, at Cincinnati, Ohio. (With nineteen wood cuts.)

CASE I.—Mr. S., aged 78 years, a hardy yeoman from one of the hilly districts of New England when more than one hundred

miles from home, upset his two-horse wagon, fell on his left hip, and could not get up. He was carried into a house, and was visited by Dr. J. C. Dalton, a highly distinguished professional gentleman, who pronounced the case to be one of fracture of the neck of the thigh-bone, and proceeded to apply a modification of Desault's long splint. In four or five days, the patient became so restive under his confinement among strangers, that he employed a carpenter to prepare him a box which should receive a bed, together with himself and splint, with a view to return home. When the doctor heard of this, he remonstrated with no small degree of emphasis against the project, but without avail; the old man said he might as well die in one way as another, and home he would go. When the box was ready, he was wagoned home, and was carried forty miles on the last day of his journey.

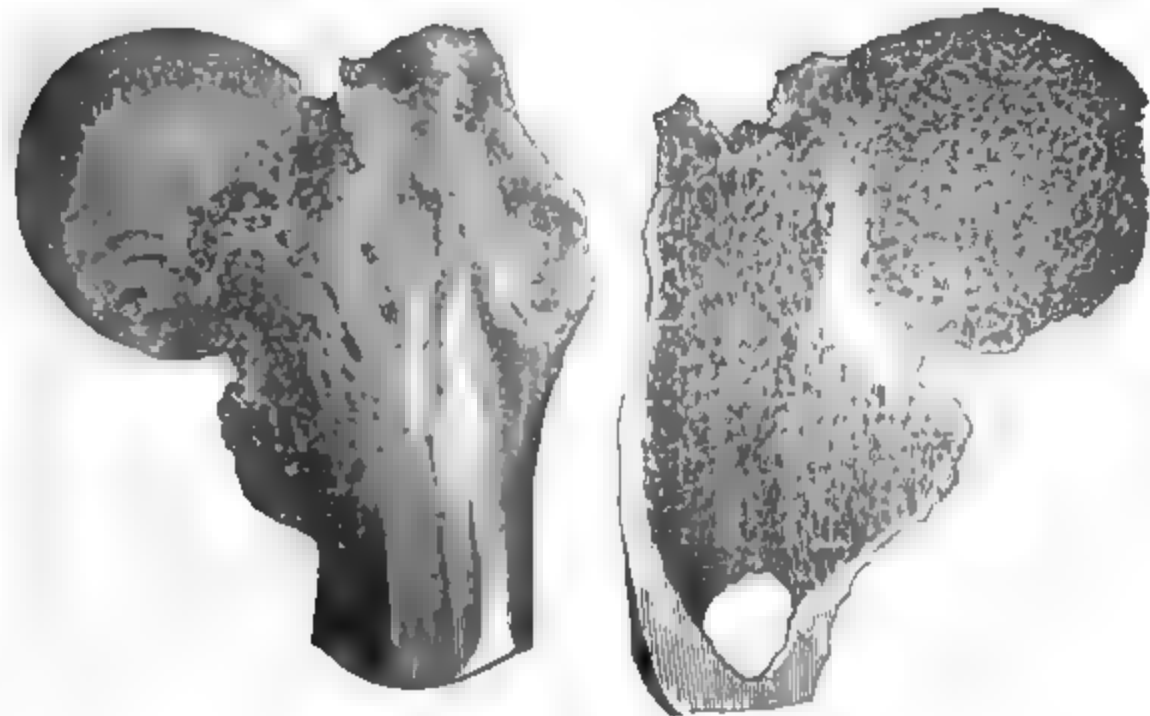
Eighteen days after the injury, I visited him. He made a somewhat singular appearance lying in his box, which, to accommodate himself and splint, he being over six feet high, was not much less than ten feet in length. On removing the bedclothes, I perceived that his knee and foot were turned considerably outward. I took off the splint, and gave some passive motion to the hip, without his complaining of pain; I then flexed the thigh to a right angle with the body, and kept it a minute or two in that position. This too, was done without giving pain. On flexing the thigh to an angle a little acute, he complained that it hurt him in his groin. Pressure with the fingers upon the groin and behind the trochanter major, both in the flexed and extended position of the limb, gave him decided uneasiness. I compared the length of the limbs, as well as I then could, without being able to satisfy myself that there was shortening of the injured limb. I then asked the old gentleman if he wished to get up. He said that he did, but could not. He was assisted to get into a chair, and sat for some time. From that day onward, he wore no splint, and was got up from his bed daily. I gave it as my opinion that the neck of the bone was not fractured, inasmuch as it had strength enough to support the weight of the whole limb for a minute or two, but did not satisfy myself as to the exact nature of the injury. Soon after this, I received a letter from Dr. D., who expressed surprise at the opinion which he understood

I had given, saying that, on his first visit to the patient, he found the limb everted and shortened more than an inch, and also detected crepitus. I wrote him in reply, that I founded my opinion on the fact that there was strength enough in the neck to support the limb without causing pain or doing manifest injury. In the course of four months, the patient could walk with a cane, but remained lame, and could never ride horseback, as he had formerly been accustomed to do.

Between two and three years after this, he died of an acute attack of visceral disease. The bone, on being carefully cleaned, presented the following appearances, viz: the neck shortened, and on its front a groove or depression, running in a zigzag direction close to the head. The shaft rotated outward, so as to bring the corona of the head within one-third of an inch of the posterior inter-trochanteric ridge; while the distance of the corona of the head from the inter-trochanteric line is one inch and three-eighths; and the head sunk below the level of the top of the trochanter major, making a shortening of more than half an inch. (*Vide* Fig1.) A vertical section of this made by a saw, shows a consolidation of the fracture by a deposit of a mass as compact and white as ivory. This is well shown in Fig. 2..

Fig. 1.

Fig. 2.



In the year 1830, I showed this to Messrs. Roux and Amussat, and some other professional gentlemen in Paris; they regarded it as a fair specimen of bony union of intra-capsular fracture. In

London, I also showed it to Mr. Lawrence, Mr. Travers, Mr. Stanley, and Dr. Hodgkins, who was then Curator of the Museum at Guy's Hospital. These gentlemen were interested with the specimen, and considered it as a satisfactory example of bony union within the capsular ligament. On my presenting it for inspection to Sir Astley Cooper, he remarked, "This bone never was broken." I said, "Sir Astley, please to look at the interior of the bone." He separated the two halves, and said, "This does look a little more like it, to be sure; but I do not think it is wholly within the capsular ligament." It is well known that Sir A. Cooper, for some years had taught the doctrine that bony union does not take place in intra-capsular fracture. His views among the surgeons of Great Britain, were extensively admitted as correct.

At Edinburgh, I showed it to that distinguished surgeon, John Thompson, whose work on inflammation had given him extensive notoriety. On carefully inspecting it, he declared "upon his truth and honor," that it never had been broken. An opinion had prevailed for some time among surgeons, that in old persons the head of the thigh-bone is liable to sink below its ordinary level, with more or less shortening of the neck; which occurs in certain morbid conditions, without the aid of mechanical violence. Mr. Thompson regarded this as an instance of that kind of change.

After returning to America, I obtained the right-thigh bone from the same skeleton. Fig. 3 gives a very correct delineation of the head, neck, and upper part of the shaft of this bone. Between this and the other specimen the difference is very stri-

Fig. 3.



ke neck of this exhibits the ordinary angle with the shaft, is no depression of the head, and no mark across the neck. Several gentlemen of our country who have examined

these specimens, unhesitatingly pronounce this to be a case of union by bone of intra-capsular fracture.

CASE II.—Mr. N., a corpulent man, aged 51, on getting out of his chaise, fell upon his left hip, and was unable to walk. I saw him on the third day after the injury, and found the knee and foot everted, and the limb shortened from an inch to an inch and a third. I could extend the leg to within about one-third of an inch of its natural length. When extended and rotated, it gave a distinct crepitus. I applied a long splint, modified from Desault's by Dr. Hartshorne of Philadelphia. With this I kept up permanent extension; but was never able to bring the limb to its full length. When an attempt was made to do so, the patient complained of great pain in the groin. During the whole course of treatment, the limb remained from a third to half an inch shorter than natural.

Fig. 4.



A compress over the trochanter major was supported by the outer splint with a bandage around it including the pelvis. And, to counteract the tendency to external rotation, a pretty firm compress was kept behind the trochanter major, and the space between the mattress and the outer and back part of the limb was also occupied by a suitable compress. The splint was removed in eighty-four days; the patient from that time was able to sit in a chair, but could never

flex the thigh quite to a right angle with the body. The limb was kept somewhat extended upon the carpet when he was in the sitting position. He ultimately walked with a cane. The shortening was relieved by a high-heeled shoe.

He survived the injury twelve years; eight years after his death I obtained the specimen of injured bone, together with its fellow.

Fig. 4 is the injured bone. The head a little elongated and depressed, with a shortening of five-eighths of an inch; and much absorption of the neck. The distance of the corona of the head from the anterior inter-trochanteric line is seven-eighths of an inch; and the corona, posteriorly from the ridge, scarcely one-fourth of an inch.

Fig. 5.

Fig. 6.



Fig. 5 shows entire bony consolidation of the fracture.

Fig. 6 is the front view of the uninjured bone of the right side. The distance of the corona anterior from the inter-trochanteric line one inch; posterior, ditto, one and a quarter inch.

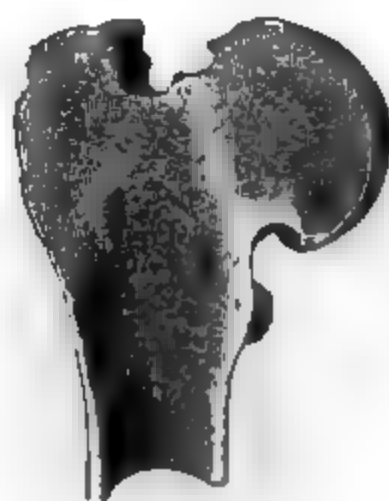
CASE III.—Mrs. S. Mason, aged 73, a small, thin woman, was rendered helpless by falling upon her right hip. Two days after the accident, I was called to see her in consultation with my friend, Dr. Wm. Judkins, who was in attendance. The knee and foot were a little everted, with slight shortening, and tenderness on pressure in the groin and behind the trochanter major. She was averse to the application of any kind of splint, and, being in a delicate state of health we allowed her to remain upon her couch, with the thigh and leg somewhat flexed and supported by a pillow. She remained in this situation about three months; after which, she could move with the aid of crutches, in a manner not very satisfactory to herself. She died in a year and a half after the accident, worn out by age and exhaustion.

Fig. 7 is a delineation of the injured bone. A considerable ridge runs across the anterior part of the neck, with a depression or irregular superficial groove between it and the head. The

Fig. 7.



Fig. 8.



head of the bone is three-eighths of an inch below its natural level. The distance anterior from the corona of the head to the inter-trochanteric line, is seven-eighths of an inch; posteriorly, half an inch.

Fig. 8 shows the interior of the bone, with a narrow, white, and eburnated line, corresponding with the aforesaid ridge, exhibiting a firm consolidation; the neck somewhat shortened.

CASE. IV.—Mr. F., aged 82, a hardy yeoman, who had spent most of his life in Kentucky, fell upon his hip on a slippery sidewalk. He was helpless, and complained of great pain under any attempt at motion of the hip-joint. The limb was shortened, but to what extent could not then be ascertained, as he was unwilling to submit to much manipulation. It was judged best by Dr. Fore and myself, to leave him without dressings. After three months lying upon his bed, he could move upon crutches. In the course of a year, he occasionally got about with a staff. He died in two years from the time of the injury. The *post-mortem* examination showed the bone with an intra-capsular fracture: the osseous portion of the neck wholly gone, and the entire of the osseous surfaces of the two fragments occupied by strong fibrous bands of one-third of an inch in length. The head when pressed downward, just rested upon the trochanter minor, causing a short-

ening of one inch and an eighth. The strength of this fibrous production was amply sufficient to sustain the weight of the body.

Fig. 9 is a posterior view of this bone. The dark space between the head and trochanter major is designed to represent the fibrous connection of the two fragments.

Fig. 9.



Fig. 10.



CASE V.—Fig. 10 exhibits a posterior view of an intra-capsular fracture of the neck of the os femoris. The os femoris. The specimen is without history. It is interesting on account of the ligamentous connection of the fragments, which, from appearance at the time it was obtained, must have been sufficient for the ordinary purposes of locomotion. The bony portion of the neck absorbed.

CASE VI.—Fig. 11, without history, shows a fracture at the neck which corresponds with the anterior inter-trochanteric line. The shaft is rotated very considerably outward. It is interesting from the evidence it affords that the fragments were never entirely separated from each other.

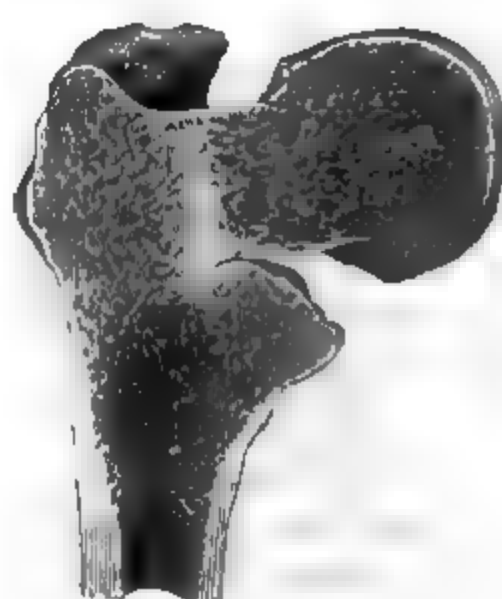
The head, unchanged in form, is depressed three-eighths of an inch below its proper level; its corona, from the anterior inter-trochanteric line, one and three-eighths of an inch; posterior ditto, two eighths of an inch; the neck in front not shortened.

Fig. 12 shows the line of osseous consolidation of this fracture. In this figure the neck appears longer than in Fig. 11, which has been somewhat foreshortened by the engraver, the better to represent, as he supposed, the backward rotation of the shaft.

Fig. 11.



Fig. 12.



CASE VII.—Fig. 13. Without history. Head depressed; shortening nearly the fourth of an inch; an irregular depression or wide groove in the upper and anterior part of the neck. The

Fig. 13.



corona of the head from the anterior, one and a half inch; posterior, one fourth of an inch.

Fig. 13, *a*, showing the irregular depression of the upper and anterior part of the neck.¹

Fig. 13, *b*, showing the cancellous tissue somewhat changed from natural; and indicative, as I have always supposed, of the effects of violence, causing more or less fracture or crushing of the bony texture.

CASE VIII.—On the 22d of last September, Dr. J. B. S. Jackson, brought before the Boston Society for Medical Improvement, a specimen of the right thigh-bone exhibiting a partial fracture of the neck. The fracture, commencing at the junction of the head with the upper part of the neck, extended to within about the fourth of an inch, or a little more, of the periosteal surface of its inferior and internal wall. Downward pressure upon the head opened the fracture at the upper part further than I should have expected, obvious and free motion being observable throughout its whole extent. On withdrawing the pressure the opening closed, squeezing out the water in which the specimen had been recently immersed. The following is its history:

The patient, a healthy man of forty-two years, to whom this belonged, fell through two stories of a building upon a hard floor, fracturing his back-bone and the middle third of the shaft of the thigh-bone, nearly in a transverse direction, complicated with another fracture extending upward from this, splintering the bone for several inches. The patient, admitted to the Massachusetts Hospital, under the charge of Professor H. J. Bigelow, survived the accident eighteen days. The fracture of the neck was so extensive that the unbroken part would have hardly been sufficient to support the weight of his body under an attempt to walk had he sustained no other injury. The wall of the shaft was compact and healthy looking. This specimen was justly regarded as quite remarkable, its like not being known to have place in any museum.

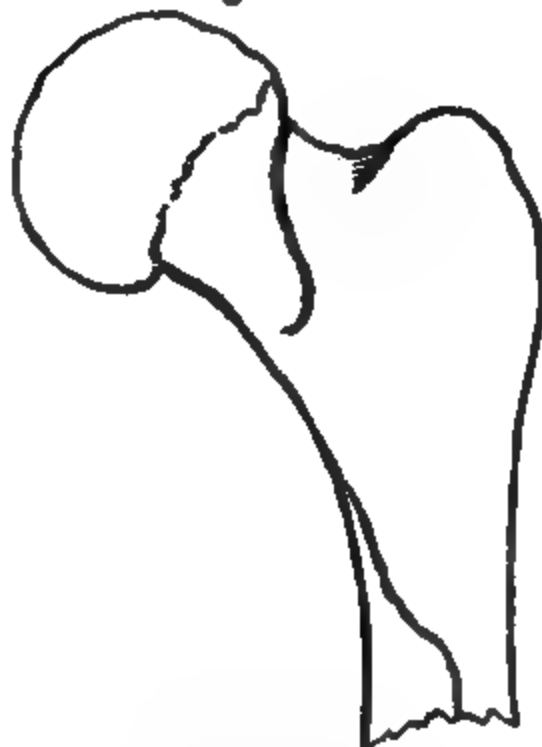
¹) In all these measurements of distance of corona of the head from the trochanteric lines, the point selected has been midway between the upper and lower part of the neck.

Fig. 14 shows the line of fracture in front, and Fig. 15, a posterior view of it. The middle curved line in the lower part of the figure represents the terminal part of the longitudinal fracture of the shaft.

Fig. 14.



Fig. 15.



Dr. Jackson has kindly given me the following items: "The length of the anterior line of fracture from the middle of the upper part of the neck to its termination, as measured by a waxed

Fig. 16.



thread is two inches and eight-tenths of an inch. The distance between these two points, as measured by the callipers, is one inch and a fraction over five-tenths of an inch. The distance between the anterior and posterior terminal points of the fracture upon the inner wall of the bone is nine-tenths of an inch, following the curve of the bone, and measuring with a thread as above. The distance between these two points, with callipers,

is eight and a half tenths of an inch."

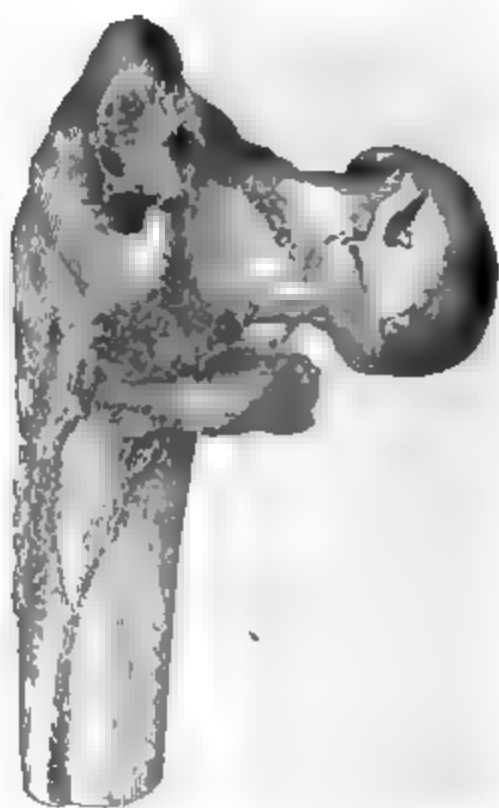
The following four specimens of fracture are without history:

CASE IX.—Fig. 16. Fracture, partly intra and partly extra-capsular. No attempt at union.

Fig. 17.



Fig. 18.



CASES X., XI., XII.—Figs. 17, 18, 19. Extra-capsular fracture, consolidation, large bony deposits.

Under the influence of disease, the form and direction of the head and neck of the thigh-bone are liable to considerable changes; but these changes take place without any appearance of the bony texture having given way, or been crushed by mechanical violence. Rarely a specimen is met with in which there is a line or superficial depression, or uneven surface upon the upper and anterior part of the neck, together with a sinking of the head below its ordinary level,

Fig. 19.



and an alteration of the cancellated texture corresponding with the superficial mark; the other parts of the bone showing no evidences of disease having existed.

Fig. 13 is a specimen of this description.

In 1830, I saw at St. Bartholomew's Hospital, London, a specimen exhibiting the heads of both thigh-bones equally depressed below their ordinary level, and a similar line across the neck of each. Whether the shafts were rotated outward, I can not now confidently say, but the appearance of them was so like Fig 13, which I had a few weeks before procured in Paris, that I regarded them as belonging to the same category, and their abnormal characteristics as probably the remote effects of mechanical violence. To this interpretation it was objected, by a gentleman present, that force could not be believed to have been so equally applied to both bones, and that, therefore, disease or decay must have been the origin. If so equal an application of force be necessarily *rare*, and I have not met with another specimen like that at St. Bartholomew's, still it is not impossible. In the museum of the City Hospital, New York, is a remarkable specimen, showing upward and backward dislocation by violence, of both hips. The head and neck of each thigh bone lie upon the dorsum ilii at the same level. A fall with equal force on both feet or knees, the thighs being in the same relation to the median line and under a certain degree of flexion might cause a dislocation, and, when extended, a fracture. The patient, a German laborer, was crushed by the falling of a bank of earth upon him. Two unsuccessful attempts at reduction were made in the hospital. The man died several weeks after the accident in a state of squalid emaciation.

Dr. R. W. Smith M. R. I. A., in his admirable work on *Fractures in the Vicinity of Joints*, mentions having seen an example of fracture of the radius of each side in a man who fell with great force upon the palms of his hands. "The lower extremity of each radius was broken about three-quarters of an inch above the wrist-joints. The inferior fragments were displaced backward and, the deformity presented precisely the same features upon each side."

From the same distinguished author, we have the opinion that

“the doctrine of partial fracture of the cervix femoris has not been established.” The bone exhibited by Prof. J. B. S. Jackson (Figs. 14, 15), while it settles the question of the possibility of such fracture, does not invalidate the criticisms of Dr. Smith upon the cases of supposed partial fracture referred to by two eminent surgeons in Great Britain.

It can not be doubted that fracture of the neck of the thigh-bone sometimes occurs in which bony union takes place without the fragments ever having been entirely separated. The case of Mrs. S. Mason (Case III., Figs. 7 and 8) must be considered as an example. There is a ridge across the front part of the neck, with a depression between it and the head; the neck a little shortened; the shaft rotated outward so as to approximate the posterior intertrochanteric line near to the head, and the head is somewhat depressed below its ordinary level. These features, joined with the history of the case, may be explained on the supposition that the fragments, at the time of the injury, were mutually driven or implanted into each other, and became consolidated in that position. If the fragments had been entirely separated, it should seem that, as no dressings were applied in the case, the action of muscles must have kept up a permanent displacement. A momentary inspection of Figs. 11 and 12, must be sufficient to show that the fragments were not entirely separated after the injury. The line of consolidation, as marked on Fig. 12, is wholly intracapsular; the fragments having been kept *in situ* after the injury, perhaps, by the cervical ligament, or the mutual crushing into each other of the fractured surfaces, or both. Sometimes, a fracture in a zigzag line, forming on each fragment toothed prominences, which interlock with each other, may be regarded as one of the means of preventing displacement and promoting bony consolidation.

In some instances of this fracture, patients have been able to walk soon after its occurrence. A distinguished member of the Boston bar, G. Blake, Esq., over sixty years of age, in ascending a long flight of slippery stone steps, in the Massachusetts State House, fell, but immediately got up, walked up the remaining part of the stairway to the Senate Chamber. Soon after taking his seat, he got up to make a speech, but had not proceeded far

before he felt a pain in his hip, which induced him to sit down. This soon became so severe that he was taken to his house in the city. The late Dr. J. C. Warren, then Professor of Surgery in the Boston School, was consulted, who declared the case to be one of intra-capsular fracture of the neck of the thigh-bone. Mr. B. was confined to his couch for some months; I think Dr. W. stated to me, without the application of a splint. After this, he occasionally rode out, walked with the aid of a cane, but seldom appeared abroad, as he did not like to exhibit himself in a limping gait. Two years from the injury, he died from visceral disease. Dr. W. had the opportunity of preserving the bone. There was a toothed form of fracture, wholly intra-capsular, sinking of the head below its natural level, with bony consolidation.

A Pole, not far from fifty years of age, was brought into our City Hospital at Cincinnati, several years ago. He had fallen on his hip, and professed to be unable to walk. I examined with care the limbs, but, for the first two days, could find no difference in the length of them. At the groin, and behind the trochanter major, there was a degree of tenderness on pressure. The second night after his admission, he got up and walked from his bed to the stove in the ward, a distance of four or five yards, as reported by one of the nurses. The next morning on a careful comparison of both limbs, I made out a shortening of about a fourth of an inch, with slight eversion of the foot. The day following, there was a shortening of half an inch. I then applied a long splint, which kept up a degree of permanent extension for upward of two months. After this, the man moved about the ward with crutches, and in a few weeks was discharged from the hospital with three-fourths of an inch shortening of the limb. My opinion was, that, at the time of the injury, there was either a partial or complete intra-capsular fracture, the fragments being held together by the cervical ligament or the form of the fracture.

Several years ago, in the north part of Vermont, a very intelligent member of the profession, Dr. Colby, was consulted in the case of a woman who had recently fallen and lamed her hip. The doctor considered it to be a case of fracture of the neck of the thigh-bone, although the patient had walked a few steps. He directed the horizontal position, and applied an extending splint.

She was kept in this position for a month, during which time she showed symptoms of mental aberration ; from this state, however, she ultimately recovered. She was able to walk, after her confinement without any considerable degree of limping, or evidence of much shortening of the limb. The husband prosecuted the doctor for causing insanity by confining his wife, there having been, as he and his instigators alleged, no fracture. This was in the law for some years, but, as I have understood, was ultimately taken out of court, each party paying his costs. In ten years from the time of receiving the injury, the patient died. Both thigh-bones were taken, and the bone belonging to the injured limb had a ridge across the neck, while the head was so far depressed as to shorten the thigh-bone three-sixteenths of an inch. There were some few professional men who still alleged that there had been no fracture ; but a number of eminent surgeons, to whom both bones were presented for inspection, among whom was Dr. Warren, of Boston, decided that there *had been* fracture. From the description of the injured bone, given me by Dr. D. Crosby, Professor of Surgery in the New Hampshire Medical Institution, I should regard it as exceedingly like that of Mrs. S. Mason (Case III., Figs. 7 and 8), there being a distinct intra-capsular ridge across the anterior part of the neck ; the fragments must have been by some means preserved from separation till the consolidation was accomplished.

The processes instituted by nature for the reparation of fracture are not without interest. When a fracture takes place in a situation where the broken surfaces are left in undisturbed contact, bony union follows without the deposit of callus. Fracture of the bones of the cranium is an example. When the fragments are subjected to a good deal of motion, there is deposit of bone-forming callus. Fractures of the limbs of the lower animals, that get well without the interference of surgery, show a large amount of callus. In situations where callus would essentially interfere with the ordinary functions of a part, as in intra-capsular fracture of the neck of the thigh-bone, we find no callus deposited, but if the fragments can be maintained in quiet apposition—whether by the cervical ligament, the mutual implantation or impaction of the broken surfaces, or by mechanical appliances—the injury is

repaired by bony consolidation ; whereas, when there is free motion of the fragments upon each other, reparation, if it takes place at all, is brought about by fibrous or ligamentous connection. So in fractures of the patella, callus is not formed, but osseous union takes place in vertical fractures of that bone, and in transverse also, when the fragments are kept in apposition ; but when not, there is ligamentous connection only. I have seen a fracture across the astragalus, from its upper to its lower articular surface, which was united by bone without the least deposit of callus. In extra-capsular fractures, where there are several fragments exposed to much motion, the reparation is accomplished by the deposit of new bone cementing the fragments together ; and the more considerable the motion of the fragments, the greater, probably, is the amount of callus. When the small trochanter is implicated, subjected, as it must be, to a good deal of motion from the two strong muscles inserted into it, an exuberant bony deposit is generally observable. In confirmation of this, reference may be made to cases X., XI., and XII. (Figs. 17, 18, and 19), of the present series of engravings ; also, to Dr. Smith's delineations, Cases XXXVII., XLI., XLIX., LIV., and LV.

All, then, that is required for the bony reparation of fracture, the constitutional health being good, is the undisturbed apposition of the broken surfaces. Thus, in those forms of extra-capsular fracture, in which the neck of the thigh-bone is driven into and firmly impacted in the cancellous texture of the great trochanter, osseous union follows independently of callus ; but when there are several fragments which are exposed to motion, callus steps in to hold them steady until the injury is repaired. When a fracture lies within the capsule of a joint, callus is not admitted there, as it would abridge or destroy the natural motions of the articulation ; and the work is done by a flexible fibrous bond of union, when the broken surfaces are too far asunder, or have too much mobility for bony solidification. Is not all this as it should be, and does it not afford proof of intelligence and wisdom behind, giving direction and guidance to these processes ?

I have a remarkable specimen, obtained without history, of dislocation of the shoulder-joint complicated with fracture of the large tubercle of the os humeri, and also of the coracoid process

of the scapula. The head of the os humeri lies on the thoracic side of the neck of the scapula, and is firmly ankylosed to it; the large tubercle is cemented to the lower and outer part of the surgical neck of the humerus; while the terminal portion of the coracoid is fast adherent to the surface from which the great tubercle was torn. What arrangement of the parts in this complicated injury could have been better, or even as well, made? A bad dislocation of the shoulder remaining unreduced, the great tubercle and coracoid, with their muscles attached to each, subjected to irregular and ill-directed motions. Inasmuch as there could be no longer a shoulder-joint, for the benefit of the upper arm, was it not well to make the blade and arm-bone and broken pieces a fixture, in order to secure the greatest amount of utility for the forearm, as that is flexed largely, and, in a degree, supinated by the action of the biceps, which must require fixed points of attachment for its two heads?

In the treatment of intra-capsular fracture of the thigh-bone, could we learn the precise position of the parts in the injury, we might, in some instances, leave the case without the application of splints, cases having repeatedly occurred in which the fragments were held in place till osseous union was accomplished. In healthy subjects, if the shortening be but little, the presumption is that nature can do the work, if the patient can be kept at rest; but so many instances have occurred in which, after several days, a great degree of shortening has suddenly taken place, that it may be well to apply some form of extending splint for at least a few weeks. The case of Mrs. S. Mason (Case III, Figs. 7 and 8) did exceedingly well without dressings. When the patient is very fat, in feeble health, advanced in life, with the weather hot, the confinement for several weeks, by a splint, can promise but little, if any benefit. In the case of S. (Case I., Figs. 1 and 2), there was shortening, according to Dr. D.'s account, of more than an inch; there must have been a rupture, more or less, of the upper part of the cervical ligament, while at the lower part of the neck the ligament was left entire, and probably aided in guiding the toothed fractured surfaces into each other when extension was made. This was continued for eighteen days, during which time the probability is, that so much adhesion had taken

place as to prevent displacement afterward. In N.'s case (Case II., Figs. 4 and 5), there was certainly shortening to the extent of considerably more than an inch, and I can not help believing that the dressings, including the pressure upon the trochanter major, and the support behind it, must have been necessary to the bony consolidation of the fracture.

In fractures of the lower limbs, in order to ascertain the comparative length, I have for several years been in the habit of placing the patient on his back with the limbs extended, upon a level surface at least as firm as a mattress, and having a line extending from the middle of the upper part of the sternum, over the symphysis pubis and downward below the feet, held straight by assistants, to represent the medium line of the body, while the two internal malleoli of the tibia are brought in contact with this line. In this way, a very small difference in the length of the limbs, certainly less than the one-fourth of an inch, can be ascertained. The measurements between the anterior superior spinous process of the ilium and the patella are liable to inaccuracy, from the difficulty in having both thighs flexed precisely at the same angle, and under the same degree of adduction.—*Am. Jour. Med. Science.*

TRANSLATIONS.

ART. VI.—*Sudden Deaths in the Puerperal state, from Dynamic Lesions of the Nervous Centers, etc.* Translated by the Editors, from *L'Union Medicale de la Gironde de Bordeaux.* (Concluded.)

3d. *Lively Moral Impressions.*—Some observations of sudden death in the puerperal state have been attributed to a lively moral impression. Although the circumstances in which they have occurred have been obscure, we must not pass them by in silence, and we will still see that the nervous system is the chief moving cause. Under the influence of pregnancy, the affective and intellectual faculties of the woman are modified, and present a

thousand and one aspects; the least emotion, a lively moral impression, makes its report throughout the whole economy. This modification, which supervenes in the nervous system of the woman who has conceived, is such that it exalts her sensibility and renders her more susceptible to the action of physical and moral causes. The work of Mr. Mac Clintock contains two examples of sudden death in consequence of this lively moral emotion. "In a great number of cases," says he, "in which a state of collapse and prostration shows itself, the patients had presented, some time formerly, a particular moral state, a kind of fatal presentiment, which contributed to this fatal termination." That a long preoccupation of the mind by a dominant idea, must exercise a marked depressive influence on the vital energy, is a fact known by all physicians, and of which we might cite a great number of examples.

"I am convinced of this fact," says Ramsbotham, "that the existence of constant despair during the latter period of the pregnancy has a most marked influence in diminishing the happy effects of those powers by virtue of which are completed the necessary changes which follow labor."

Travers goes so far as to admit that, among the women recently delivered we observe cases which certainly demonstrate the grievous influence of this depressing cause, and in support of which, he reports two facts, of which I cite only the following:

Observation 12th. A young lady, happily married, impressed, probably, by some sorrowful and unexpected accident supervening in the circle of her friends, had manifested, from the commencement of her pregnancy, a fear of dying in her *accouchement*, and although there was no ground for this belief, her fears increased, so as greatly to alarm her relations and friends. She was delivered by a very careful and experienced physician, who was related to her. The labor was easy and natural in all respects: it was not accompanied by any unfavorable circumstance; the infant was dead-born, incompletely developed. The mother died suddenly, six hours after delivery. The body was examined, and did not present any trace of lesion. (*Union Medicale*, 1853.)

In the puerperal state, the imagination of the woman is more

excitable, more disposed to be alarmed ; her morals and sentiments receive profound and particular modifications.

These disorders of the moral and affective faculties are very pronounced, and they are as much more so as the education, mode of life, and organization have impressed on her a greater excitability.

How many women, who, under the influence of pregnancy, and even after delivery, are a prey to distressing dreams, spasms, sadness, spleen, melancholy, and to a state of moral excitability difficult to calm ? It is sufficient, in this state of puerperal susceptibility, to have a light occasional cause, the least emotion of joy or pain, to produce the gravest consequences in a very short time. Such is the case cited by M. Dehous, which was communicated to him by M. Nelaton.

Observation 13th. Fifteen days after a natural *accouchement*, a young lady from pure precaution, continued to keep her bed. Her father came to see her, and talked some time with her ; she was very well. The nurse went to the door with the father, and when she returned to the bedside of the lady she found her dead. There was no autopsy.

Here is another fact of the same kind, communicated to me lately by Dr. Charmois, of the department of Bayou :

Observation 14th. On the 15th October, '56, I was called to the house of Capt. M. G. to observe the death of his wife, who had died suddenly. This lady, aged 34 years, had an excellent constitution. Delivered twelve days previously, very happily, the lochia had been abundant. She had not experienced any accident. This lady was of a very great sensibility ; to such a degree that one day, from a simple contrariety, while she had her menses, they were arrested and did not return for six months. She received a letter from her husband, who had been absent from the beginning of her pregnancy, in which he announced his arrival on this day. She was greatly excited. At nine A. M., she received him without manifesting very great joy ; she conversed all day with him. About seven P. M. was placed in another bed, and suddenly fainted and died. All means usually employed were useless. I arrived two hours afterward to look on a dead body. She was fat, and her face did not show any traces of suffering.

In presence of all of these observations, so full of interest, can we not ask, if some of these cases of death, not yet explained, and that we have not wished to relate, for fear of making our paper too long, are not due to one of these lively moral emotions? There are, we know some obscure facts whose explanation seems to belong as much to psychology as to physiology, in which the most exercised scalpel, and all the means of investigation of anatomical analysis, have not been able to discover the cause. It would be a vain pretension on the part of the pathological anatomist to try to find constantly a material alteration, palpable in the organs to explain these fatal terminations in the woman who is confined, or who is still under the influence of the puerperal state. The pathological anatomist is forced to recognize his inability there, or perhaps his means of experiment, insufficient and confined, force him to stop. It is permitted to the physiologist to study the mechanism of these moral causes which have often an enormous superiority over the physical causes, in the development of certain diseases, and in the production of several deaths. Pain and joy kill, and this truth is not only of the domain of poetry, but it belongs as entirely to that of surgery in general. The moral apparatus of the woman has its education, its disposition, its proper diseases. If the cerebro-spinal mass is identical in all as to its anatomical organization, it must be for its effects, its manifestations, its language; it is modified, on the contrary, under the influence of education, and it explains to us why, in the puerperal state, with some nervous and excitable women, their imagination, more easy to be moved, more susceptible of exaltation, abandons itself more easily to all the excess, perverts itself and goes astray. We find, in the work of M. Foissac, on Meteorology, a brilliant parallel of these kinds of organization. "We see," says he, "certain constitutions withdrawn from these delicate influences and, for example, those persons, in quite a large number, who feel and thirst as they digest, whom physical storms no more than moral accidents either trouble nor divert from their accustomed way, and whose life enclosed in the realities of *positivism*, neither know the digression of imagination, nor the multiform shades of sensibility.

The preceding reflections are applicable to these natures. Shall

I say unhappy? Shall I say privileged? For whom the sum of happiness and of suffering is double, from their manner of feeling them; they apply themselves to those sensitive intellectual persons for whom a light thorn, physical or moral, is a sharp harpoon; to those persons, in fine, devoted to study and contemplation, anxious for the past, gloomy for the future, and more or less oppressed by the *tædium ritæ*, which penetrates the heart, as the worm the calix of the flower or the fruit ripened by summer."

As to the etiology of sudden deaths, in consequence of moral emotions during the puerperal state, we do not make a false approach when we compare them to the sudden deaths, the consequence of physical pain and nervous exhaustion. In the case before us, the nervous system, worn out also, no longer sends to the necessary organs for the support of life the influx which is indispensable to maintain in play the wheels of the economy. The causes of death in consequence of lively moral emotions exist, according to Cullen, in the brain. According to Bechat, the moral emotions affect the brain but secondarily; it is the heart which ceases to act the first in these cases, and after it, the death of the other organs; the emotion of joy or pain bears on it specially their influence, and as soon as its movement is arrested, very soon all the parts become immovable.

Whether it may be from a cause in the heart or brain that death takes place, it is none the less true that it is always under the influence of the nervous system, from a dynamic lesion of the cerebro-spinal organ to which man owes the place he occupies, in the animal scale.

WE commend the following to our female friends, as full of practical wisdom. If mothers would simply let their children "alone" they would often be the better of it:

"Madame," said a doctor one day to the mother of a sweet, healthy babe, "the ladies have deputed me to inquire what you do to have such a lovely, happy, uniformly good child?" The mother mused for a moment over the strangeness of the question, and then replied, simply and beautifully: "Why, God has given me a healthy child and I let it alone."

CORRESPONDENCE.

BOSTON, July 8, 1857.

EDITORS OF MEDICAL OBSERVER:

It is an old adage, that "All work and no play makes Jack a dull boy." The profession of Boston and vicinity have had no reason to complain of being over-tasked (as was poor Jack), for a few weeks past, for the health of our city has been remarkably good, affording an opportunity for its watchful guardians to quit their posts of duty, from time to time, in search of those pleasurable recreations incident to travel.

The physician's life is one of toil, anxiety and responsibility. Shall he always subject himself to the beck and nod of his patrons?—always within his doors to answer every demand made upon him from day to day? We say, emphatically, *No!*

Fortunately, most cities and towns are so well supplied with medical men, that if some are absent, there are *enough* left to meet the wants of the sick. *Unfortunately*, however, many of the youngest members of the profession, as well as some of the older, are not blessed with a *profusion* "of this world's goods," consequently, they are obliged to forego many anticipated pleasures, and remain at their posts to reap the scanty reward of their labors. Still, the physician needs relaxation—he should have it. He returns to his field of toil a better man—better prepared to meet the stern realities of his calling. What if he loses a few patients, and finds his pockets less sparkling with golden dust! He is the gainer in bodily vigor and mental strength. If he can not make the tour of Europe, he may learn something of our medical institutions in the larger cities, cultivate a fraternal spirit with his distant brethren; or, if he seeks the rural districts, his tastes for botany, chemistry, geology, etc., will find ample scope for gratification. Hence, we say, again, to the medical laborer, let not your patrons think that you are always "at home," but that you, in common with members of other professions, must,

on proper occasions, seek those genial pursuits which elevate and adorn, while the social nature rejoices that

“Heaven gives us friends to bless the present scene,
Resumes them, to prepare us for the next.”

Our State Medical Society held its annual meeting at New Bedford last month. The Society seems in a prosperous condition. The usual dinner, speeches, sentiments and fraternal greetings were among the orders of the day. A paper upon Typhoid Fever was the only one read. It was one of unusual interest, giving an account of this disease, in a neighboring locality, for the last twenty-five years. The stimulating treatment was highly recommended by the author. A series of resolutions, on criminal abortion, calling for further legislation, were referred to a committee, to report at the next annual meeting. These resolutions originated in the District Society, at Boston, and have elicited quite a spirited discussion upon the subject matter. Much difference of opinion exists, whether this crime is on the increase or not, and whether more stringent laws would effectually suppress it. That it exists to an alarming extent, there can be no doubt. But with a somewhat prevalent impression in the community that the destruction of the fetus, during the first months, is not a crime, and the secrecy under which the act is perpetrated, it is rendered extremely difficult to implicate the parties concerned.

As this department is pretty much in the hands of quacks and female pretenders, individual action, on the part of the physician, in inculcating a more healthy sentiment in the community in which he moves, would do much to stay this wholesale destruction of unborn humanity. As one instance of the extent to which this is carried on, the writer heard, not long since, a woman boasting that her female friend (giving the name) had taken *forty* patients within a year, to a person somewhat notorious, in this section, for this branch of business.

The annual address was given by Dr. Perry, of this city. I will not give any extended report of it, as it will soon be published, with other transactions of the Society. He gave an historical account of the Society, together with its practical operations in raising the standard of medical education and morality in the profession, as well as advancing the science of medicine and

preserving the public health. By a rule of the Society, graduates, of the Harvard and Berkshire schools, may be admitted on presenting their diplomas. The Speaker urged the necessity of freeing the two; also that the Society require of all candidates for membership, who are not graduates of any college, four years' study of medicine and the collateral sciences, and that both these and graduated candidates be subjected to a most thorough and rigid examination.

The Boston Society of Natural History has recently established a Department of Microscopy, and Dr. Silas Dunkee has been chosen Curator of the same.

The subject of Spiritualism is now one of the fixed controversies of the day, and for a long time the warfare has been going on, not only between individuals, but the press. Recently the *Boston Courier* offered the sum of five hundred dollars to a leading spiritualist of this city, if any one of the peculiar phenomena, alleged to be of spiritual origin, could be produced before a scientific committee. The investigation has taken place, and the preliminary correspondence published. I give you the award of the Committee:

The Committee award that Dr. Gardner, having failed to produce before them an agent or medium who "communicated a word imparted to the spirits in an adjoining room," "who read a word in English written inside a book, or folded sheet of paper," who answered any question "which the superior intelligences must be able to answer," who "tilted a piano without touching it, or caused a chair to move a foot;" and having failed to exhibit to the Committee any phenomenon which under the widest latitude of interpretation could be regarded as equivalent to either of these proposed tests, or any phenomenon which required for its production, or in any manner indicated a force which could technically be denominated Spiritual, or which was hitherto unknown to science, or a phenomenon of which the cause was not palpable to the Committee, is therefore not entitled to claim from the *Boston Courier* the proposed premium of five hundred dollars.

It is the opinion of the Committee, derived from observation, that any connection with Spiritualistic Circles, so called, corrupts the morals and degrades the intellect. They, therefore, deem it their solemn duty to warn the community against this contaminating influence, which surely tends to lessen the truth of man and the purity of woman.

The Committee will publish a report of their proceedings, together with the results of additional investigations and other

evidence independent of the special case submitted to them, but bearing upon the subject of this stupendous delusion.

BENJAMIN PIERCE, *Chairman*, B. A. GOULD, Jr.,
L. AGASSIZ, E. N. HORSFORD.

Cambridge, June 29, 1857.

It will be seen that the above Committee comprise men of high position. This subject should be met, and if there is truth in it, let it be proclaimed by the hand of science; if it is a delusion, then it must fall beneath the strong arm of scientific investigation.

I remarked in a former letter, that there were many *media* thriving pecuniarily, by invoking the spirits, as their medical mentors. To show you into what gulfs of delusion and inconsistency men will sometimes plunge, I quote the following case, from a neighboring print, not ten miles from Boston:

FORTY-ONE DAYS WITHOUT EATING.—We learn that Mr. William Lothrop, who is stopping at the Spiritualists' Hospital, in this town, commenced eating again on Tuesday last, having abstained from partaking of any nourishment (except a little cold water), beside what he derived from taking hold of his wife's hand while she was eating, for *forty-one days*! He has been able to go about, during this time, with nearly the usual sprightliness, as when he partook of his hearty meals.

The meteorological condition of our climate has been somewhat remarkable this season. I notice that the mean temperature of June was $63\frac{1}{2}$ degrees, being the coldest June since that of 1839. Within the last thirty-three years there have been but four Junes colder than the last. That of 1836 was the coldest— $3\frac{1}{2}$ degrees lower than last month. The season thus far, with the exception of February, has been below the average. The extremes last month were 86 on the 21st, and 48 on the 6th.

Dr. J. H. Dix exhibited to the Medical Society last month, some painted specimens of the cystercereus in the eye, recently received from Berlin. They were detected by the ophthalmoscope. One shows the cystercereus in the anterior chamber, a second in the retina with the head drawn in, a third in the retina with the head drawn out, a fourth in the vitreous humor, representing the head, neck and tail; also a young specimen in the same eye. These are interesting, from their extreme rarity in this locality.

Respectfully,

B.

REVIEWS AND NOTICES.

ART. VIII.—*New Elements of Operative Surgery*. By ALF. A. L. M. VELPEAU, Prof. of Surgical Clinique of the Faculty of Medicine of Paris, etc., etc., etc. Carefully revised, etc., and augmented with *A Treatise on Minor Surgery*. Illustrated by over 200 Engravings, incorporated with the text; accompanied with an *Atlas in Quarto of Twenty-Two Plates*, etc. etc. Translated, with additions by P. S. TOWNSEND, M. D., of New York. Under the supervision of, and with notes and observations by VALENTINE MOTT, M. D., Prof. of the Operations of Surgery, etc., in the University of New York. Fourth Edition, with additions by GAO C. BLACKMAN, M. D., Professor of Surgery in the Medical College of Ohio. In three volumes. New York: Saml. S. & W. Wood.

SUCH is the voluminous title-page of this ponderous work of M. Velpeau, even when shorn, as we have done, of various superfluous matter; three massive tomes, of nearly one thousand pages each, making in the aggregate a vast compendium of the precedents and resources of operative surgery. This great work has lain upon our table for several months, and we have still delayed its notice, trusting that we should have greater leisure to do it that ample justice which its worth and completeness certainly demands.

To the maturer surgeons of this country we can say nothing new respecting the character of Velpeau's Operative Surgery—to the younger practitioner and student, who wishes to make an addition to the surgical literature of his library, we have somewhat to say, suggestive of the scope of the work before us, especially with the various American additions incorporated in the edition as we now receive it.

Ten years ago, Velpeau's Surgery was translated by Dr. P. S. Townsend, of New York city, with the distinguished Prof. Mott associated in the editorial supervision. The notes then incorporated by Dr. Townsend were very valuable, while some of the most important of Dr. Mott's contributions to American Surgery were here placed on permanent record. Two subsequent editions were brought out, but we are led to suppose none of the editions have been very heavy, and we have not the means of comparing to what extent these editions were improvements upon the first, if any. This present *fourth edition*, however, under the editorial supervision of our fellow-townsmen, Prof. Blackman, is evidently a new edition, and with most valuable additions.

A very large portion of *volume one* is taken up with a complete system of *Minor Surgery*—the remainder treating of such surgical operations as Strabismus—the various forms of plastic surgery—and the treatment of arterial lesions; while very properly concluding this

consideration of arterial accidents and diseases, is given copious "remarks on Aneurisms," by V. Mott, M. D.

The *second volume* is taken up with Operations for Varices (under which head we notice that due credit is given to Professor Mussey, of this city, for his mode of operating in varicocele, and its happiest results in "nearly forty cases")—The Nervous System—Amputations—Ex-sections—Tumors—Trephining—Spinabifida—Hydrocephalus—Operations upon the Nose—Pertaining to the Eye—Necrosis, etc., etc.

While the *third volume* continues a great variety of most important surgical topics—Lithotomy and Lithotrity; Operations upon the Urethra; Hernia; Fistulas; Cancers of the Anus; with others of greater or less importance. This 3d volume closing with an American appendix, by Prof. Blackman, of more than one hundred pages; this appendix not merely bringing up the newest additions to surgical science, but with manifest evidence of industry and impartiality placing on the record the contributions to American Surgery, which are copious in amount, and rich in value. Thus, in a brief chapter on *Ankylosis*, we have the brilliant operations of John Rhea Barton referred to, and the subsequent suggestions of Prof. Brainard, of Chicago. In the consideration of *Anæsthesia* the proper place is given to our countryman, Dr. Horace Wells, of Hartford, as first to introduce a reliable agent. *Collodion* is also an American contribution to surgery. The best apparatus for fractured Clavicle, is that of Dr. Fox, of Philadelphia, or Bartlett's modification of it; and by no means least in value is the comparatively recent improvement in the method of operating for vesico-vaginal fistula, by Dr. J. Marion Sims. The contributions and operations of many other American surgeons, as Gross, Hamilton, Mutter, Mussey, Nathan Smith, Warrens, Watson, Hays, Atlee, are noticed in this appendix, due prominence being given, we think, to the original suggestions of each individual.

The several American editors—Drs. Townsend, Mott, and Blackman, have not failed to give due prominence to their own operations, which, indeed, we are disposed to regard as right and proper; and we may say further, that we think the additions of the American editors, with their notes all through the entire work, aside from the American appendix, add very materially to the value of the American translation. But while the great cases of Dr. Mott are here placed on record, and copious notes and cases from Drs. Townsend and Blackman, we are happy to be able to say, as we have already, that a very generous and

liberal notice is given of the distinguished names that adorn the surgery of this Union.

The plates of the Atlas are excellent, illustrating some of the most important operations, and abundant illustrations of surgical instruments. But the wood-cuts, we think, are *mostly wretched*. In this respect the publishers have certainly not done justice to so important a work, and have not come up to the beautiful illustrations of this kind that are found in our more recent American works of Anatomy and Surgery. †

ART. IX.—*The Physiological Anatomy and Physiology of Man*. By ROBT. BENTLEY TODD, M. D., F. R. S., and WM. BOWMAN, F. R. S., late Professors of Physiology and General and Morbid Anatomy, in King's College, London. Complete in one volume. With two hundred and ninety-eight illustrations. Philadelphia: Blanchard & Lea. 1857.

INASMUCH as this work has been on our table some months, without our finding space to give a review of it that would be commensurate with its merits, we shall now content ourselves with a brief book notice; especially do we feel justified in this course, in view of the fact, that the work, now complete, has already received from our cotemporaries, and from the profession at large, a universal re-affirmation of the verdict which had already been passed upon the portions which had previously been issued.

Fourteen years ago, the *first part*, of two hundred pages, of Todd and Bowman's Physiology was published, and the remainder has appeared in successive installments, at long intervals, until, at length, the whole is now complete. One reason for this delay is readily found in the interruptions incident to full and engrossing professional duties; but still another and very evident one is in the plan laid out by our authors for the prosecution and preparation of their material. Thus "we aimed at resting our anatomical descriptions, at least as regards the more important points, upon our own investigations, and at repeating former experiments, or devising new ones, wherever questions of sufficient interest presented themselves." It is very evident that the practical details of such a plan of studies must necessarily be tedious, but while they involve a more tardy completion of the work, they secure to it an exactness of character that amply compensate for the delay. One feature worthy of notice in the work, is suggested in the title of Physiological Anatomy; following the plan of Haller, it is proposed to

give "to Anatomy a greater degree of prominence than had been usual in Physiological works," under the wise conviction that anatomical description, physiological action, and comparative anatomy, should all be studied in intimate association, to fit the student for the correct application of physiological science. The general arrangement of the work differs very materially from the plan of Carpenter's great work. Todd and Bowman discuss, after certain introductory sections, the general functions of Animal Life—The various structures concerned in Locomotion—Its Active and Passive Organs—Then the Nervous System—Brain—Senses, etc.; after which they proceed with those topics of Organic Life, with which Carpenter and others begin—Digestion—Absorption—The Blood, etc.; concluding with those matters pertaining to the Reproduction of the Species—Generation—Development, etc.

It is further worthy of remark, that our authors add the weight of their great names to affirm the doctrine taught by the leading physiologists of the world, of the existence of the soul, and its controlling influence over the human organism, as of a force that is beyond and superior to mere physical mechanism.

The completeness of Carpenter's physiological works, have confessedly left nothing in this particular to be desired by the student of physiology. This work of Todd and Bowman, however, is superior in conciseness of expression, and particularly in perspicuity of diction. It has always been a serious objection to the writings of Carpenter, that the style of language demand too large and constant a draw upon all the mental faculties to enter into his full spirit and comprehension. †

For sale by Truman & Spofford. Price \$4.50.

BOOKS AND PAMPHLETS RECEIVED.

Williams' Principles of Medicine. Kirke's Manual of Physiology. New Editions.

Catalogue of Human Crania, in the collection of the Academy of Natural Sciences of Philadelphia. By J. AITKEN MEIGS, M.D., Librarian, etc.

Annual Report of the Commissioners of Emigration, of the City of New York, for the year ending December, 1856.

Registration Report—Dr. W. L. SUTTON's able and full Report relating to the Registry and Returns of Births, Marriages, and Deaths in the State of Kentucky, for the year 1855.

EDITORIAL AND MISCELLANY.

MEDICAL COLLEGE OF OHIO.

WE mentioned very briefly, last month, the new organization in the Medical College of Ohio. By a reference to our advertising department it will be seen that the details of this arrangement have been completed; and it is due the well-known gentlemen who constitute the present faculty of that Institution, that we give our readers a fuller expose of the circumstances which have led to this and another change in medical teaching in Cincinnati.

This city is a great commercial and manufacturing center, now numbering a population of about two hundred thousand, and surrounded by a most fertile and densely-populated country, and consequently must be the medical metropolis for a large portion of Western physicians. In view of these facts, many of the profession, both in and out of the city, have entertained the belief that a concentration in one energetic school of the patronage and facilities for teaching that have been divided between the several institutions of the place, is necessary to give development to our resources to the fullest extent; and the formation of the new faculty of the Medical College of Ohio is the result of an effort for this object.

Some may claim that the Miami School, considering the astonishing vigor which it has manifested (the number of its pupils during the past winter equaling that of the class in the Ohio School), was the one on which to concentrate; but the latter is the older institution, counting her alumni all over the West and South, and has a fine edifice, library and museum. It also has the medical charge of the Commercial Hospital.

As to the propriety of making this movement, at this time, however, there is a difference of opinion; and in reference to the manner in which it has been carried out, a portion of the Miami faculty have declared decided objection. Yet they have magnanimously withheld from throwing any obstacles in the way of those who chose to try the proposed enterprise; and they will, therefore, not attempt the reconstruction of their own faculty; they thus virtually discontinue the Miami School. We can, however, very truly say, that these gentlemen thus retiring from any connection with medical schools, continue to retain our fullest esteem and confidence, as well as that of this professional community, as valuable and successful medical teachers.

As we have already said, it is the aim, in this new organization, to unite the principal interests, patronage, and teaching facilities, which, for several years, have been divided between the Medical College of Ohio, and the Miami School. It is certainly to the interest of the profession of this city and valley, of all interested in the success of legitimate medical teaching in this city, of our citizens at large, to unite

their efforts and influence for the complete success of an energetic, capable and earnest medical institution here.

We learn that an arrangement has been made by which the large museum, chemical apparatus, etc., of the Miami Medical College, will be transferred to the Medical College of Ohio, thus rendering the means of illustration ample and complete. The large Dispensary, which has been connected with the Miami Medical College, will become attached to the Medical College of Ohio, and continue to afford valuable clinical instruction to pupils.

As we stated last month, the pupils of the Miami Medical College are to be placed on the same footing in every respect, and have the same rights and privileges as those of the Medical College of Ohio; and all the graduates of the former can, if they wish, have a diploma from the latter, free of charge.

By reference to the programme, it will be observed, that in the appointment of adjunct professors, it is proposed to increase the facilities of clinical instruction; and the Commercial Hospital, St. John's Hotel for Invalids, and City Dispensary, taken together, will afford a most ample field for practical information to students and young practitioners.

In conclusion, we can not bid adieu to the Miami Medical College without an expression of high admiration and regard for that energy, perseverance, and harmony in its faculty, which carried that school forward so rapidly in the highway of success. It has done much to develop our home talent, and capacity for medical teaching, which, we think, will prevent, for the future, the importation of professors from abroad to this city. The cultivation of like characteristics, with their manifest greater facilities, will bear the Medical College of Ohio to as high a point of excellence, success, and influence, as its warmest friends can desire or hope for.

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MEDICAL GRADUATES.—QUACKERY.

We observe that our friends of the *Boston Medical and Surgical Journal* are somewhat exercised in reference to the position of the graduates of the Harvard University and Berkshire Medical Institute. It appears that the Massachusetts Medical Society has so far advanced in good medical morals as to refuse to admit homeopaths to the society, while, at the same time (as we understood it), the society does not have the power, disposition, or backbone to expel such trash from it when admitted. It appears that a diploma from either of the schools named, admits the holder of it to the society by signing the by-laws; so that all a quack has to do to become a graduate and a member of this time-honored society, is to attend the lectures of these schools, and answer certain questions in accordance with the teachings of the professors, when he receives all the honors pertaining to well behaved and well qualified medical men. He can then flaunt his diploma and certificate of membership of this society in the faces of all medical men, and claim an equality in respectability. It seems also that the graduates

thus admitted, are allowed to bring the certificates of notorious quacks as preceptors, in reference to the time occupied in the preparatory medical study of three years, when that of a "regular practitioner" is required. It is said these schools excuse themselves by saying they "can not tell what course a graduate will adopt." We must say that we are astonished at this state of things. That in a city like Boston, the "Athens of America," quackery is allowed thus to receive the stamp of authority, and to fraternize with the profession. In the first place, this reception of the certificates of quack preceptors, who are thus elevated to "regular," is contrary entirely to the spirit of every proper code of medical ethics. In the next place, where medical schools find that they are liable to imposition in reference to the character of those who seek their honors they should reject all whose recent antecedents give rise to a suspicion of deception as to the future course of the graduate. In addition to this, they ought to exact of every one seeking the honors of the doctorate a pledge to adhere to the general code of ethics of the profession, but particularly to that adopted by the American Medical Association; grant their diplomas subject to a faithful adherence to this pledge, and liable to be withdrawn, or virtually annulled, if violated. Honest graduates of our medical schools, will soon demand this course, if quacks are to be put upon a level with themselves, or they will turn their backs upon all diplomas. Without it the diploma will confer no honor, and not only confer no honor, but it must become a positive disgrace, as a cloak for medical immorality. In Massachusetts, where the diploma thrusts a man into respectable medical societies, whether the members of those societies are willing or not, it appears to us that the profession should demand a course of this kind, or else a relinquishment of this privilege, or both.

One word more in reference to the position of the Massachusetts Medical Society, which presents the singular inconsistency of giving respectability to quacks. This society owes it to the profession, and to the American Medical Association, where it claims a representation, to exclude at once every homeopath and quack from among its members. The State Medical Society of Ohio was excluded rightfully from representation in the American Medical Congress, for a violation of its code of ethics. What right has the Massachusetts Society to be exempted from this exclusion? Perhaps our brethren of the *Boston Medical and Surgical Journal* can answer?

MUSSEY ON FRACTURES OF THE NECK OF THE THIGH BONE.—We have forbore to comment upon the very practical article of Prof. Mussey, which appeared in the *American Journal* for April, because we expected to reprint it entire in the *Observer*, which we do this month. It is proper to remark in this connection, that the excellent wood-cuts that illustrate the paper are the work of GROSVENOR, of this city, and we are sure they will compare well in execution with the illustrations of the best anatomical and surgical works of this country.

PHILADELPHIA MEDICAL AND SURGICAL JOURNAL. — Number

one of a new volume of Dr. Bryan's *Journal* has come to hand, instead of suspending, as was intimated in his last issue, it has become the property of a publisher, Dr. Bryan being continued as editor. We are inclined to think, however, that an actual suspension of the *Philadelphia Medical Journal* would not have made any lamentable vacuum in the medical literature of the country—its editor seems to have an inveterate taste for association with such fellows as J. V. C. Smith, of the *Medical World*, more particularly evidenced of late in an industrious effort to whitewash a colored sheep of our flock, that has been straying outside the fold, but in a sudden fit of repentance seems desirous of returning again *via the Blockley route*. It would seem that Dr. D. M. Reese, editor of the *American Medical Gazette*, has also embarked in the whitewashing business; for which we have only to express our surprise and deep mortification. †

TO DELINQUENTS.—In response to bills sent out last month, many of our patrons have very promptly remitted their subscription; some have taken a singular view of their obligations, but we decline any extended remark on this topic at present, we simply say that, though we only ask our due, we *still need money*, and must exhort our friends to make an effort to remit at once. We neither ask nor expect to make money by the publication of this journal; it is reasonable, however, to expect that we shall only be our time and labor out of pocket. †

RUSH MEDICAL COLLEGE, CHICAGO. — Some changes have lately taken place in the faculty of this Institution, and in filling the vacancies, we are pleased to observe that our friend and classmate, Dr. W. H. Byford, of Evansville, Ind., is elected to the chair of Obstetrics and diseases of women and children. †

THE BUSINESS AFFAIRS OF THE MIAMI MEDICAL COLLEGE will be attended to by Dr. Mendenhall, the late Dean. All those indebted to the College will please make payment to him.

STATE MEDICAL SOCIETY OF INDIANA.—We thank our friend Dr. Parvin, for a copy of the Transactions for 1857. We shall take occasion to call attention to interesting papers in the volume hereafter.

FISKE FUND PRIZES FOR 1858.—It will be seen by the following circular, that the trustees of this fund offer two prizes for 1858. The successful Essay of Dr. Hutchinson will appear in the next number of the *American Journal of Medical Science*.

FISKE MEDICAL PRIZE QUESTIONS. — The trustees of the Fiske Fund, at the annual meeting of the Rhode Island Medical Society, held at Providence June 3, 1857, announced that the premium of one hundred dollars offered by them in 1857, for the best dissertation on the following subject:

“What are the causes and nature of that disease incident to pregnancy and lactation, characterized by inflammation and ulceration of the mouth and fauces, usually accompanied by anorexia, emaciation and diarrhea, and what is the best mode of treatment?” has been awarded to the author of the dissertation bearing this motto:

“Wheat from the fields of science and cockles from my own farm.”

And upon breaking the seal of the accompanying packet they learned that the successful competitor was David Hutchinson, M. D., of Mooreville, Morgan county, Ind.

They propose the following subjects for 1858 :

1st. The effects of the use of alcoholic liquors on tubercular disease, or in constitutions predisposed to such disease.

To be supported by facts presented as far as possible in a statistical form.

2d. The morbid effects of retention in the blood of the elements of the urinary secretions.

For the best dissertation on each of these subjects the trustees will pay one hundred dollars.

Every competitor for a premium is expected to conform to the following regulations, viz :

To forward to the secretary of the trustees, on or before the first day of May, 1858, free of all expense, a copy of his dissertation, with a motto written thereupon, and also accompanying a sealed packet, having the same motto inscribed upon the outside, and his name and place of residence within.

Previously to receiving the premium awarded, the author of the successful dissertation must transfer to the trustees all his right, title and interest in and to the same, for the use, benefit and behoof of the Fiske Fund.

Letters accompanying the unsuccessful dissertations will be destroyed by the trustees, unopened, and the dissertations may be procured by their respective authors, if application be made therefor within three months.

ISAAC RAY, M. D., Providence,

JAS. H. ELDRIDGE, M. D., E. Greenwich,

CHAS. W. PARSONS, M. D., Providence,

S. AUG. ARNOLD, M. D., Providence, *Secretary*.

} *Trustees*.

NOTICE TO MEMBERS OF THE STATE MEDICAL SOCIETY. — We have just received word from Dr. Cochran, Treasurer of the Society, that the printing of the Transactions, for 1857, is in progress ; that as yet there is not sufficient funds in the Treasury to meet the printing bill, but that there would be more than enough if *delinquents* would promptly send in their dues. The following resolution was adopted at the last meeting of the Society: "That a list of the members of the Society be published with the Transactions of the present session, and that each *delinquent* name be designated by a Star (°), with the proper explanation." D. C. will leave the "List" uncorrected as long as consistent, but as the printing is now in progress, that can only be for a few weeks at the utmost.

THE CINCINNATI MEDICAL OBSERVER.

CONDUCTED BY
DRS. GEO. MENDENHALL, JNO. A. MURPHY, AND E. B. STEVENS.

VOL. II.] SEPTEMBER, 1857. [No. 9.

ORIGINAL COMMUNICATIONS.

ART. I.—*Case of Strangulated Hernia—No External Swelling—Operation—Recovery.* By C. McDERMONT, M. D., Dayton, O.

Mrs. Aulinger, of this county, a corpulent lady, 35 years of age, was seized with violent pains in the abdomen, attended by constipation and vomiting. For several years she had been subject to cramp colic, and her family physician, Dr. Gish, supposed the present attack to be of that character, and treated her accordingly.

Failing, in the use of the ordinary means, to effect any mitigation of the symptoms, or produce any evacuation of the bowels, the Doctor concluded that there was some internal obstruction, probably a strangulation of the intestines. No hernial tumor could be detected, although to this end repeated and diligent examinations were made. For two days the vomiting was feculent and the retching incessant; food, drinks and medicine were rejected almost as soon as swallowed. A neighboring physician was sent for in consultation, who, failing to discover any hernial protrusion, advised the internal use of croton oil, and a blister to the abdomen, measures which only served to aggravate the patient's suffering and increase her prostration.

I was sent for on Monday, 13th April, and arrived at the scene of trouble (13 miles north of Dayton), about 2 o'clock in the

afternoon, more than four days from the commencement of the attack. During that time, attendants said, the patient had not enjoyed five minutes' sleep. I found her in great misery, anxiously desiring that death would put an end to her suffering. Her pulse was 132 and feeble, countenance pale and haggard, the abdomen was very much distended and painful; its surface, from the application of a blister the day previous, was inflamed and tender; add to this, the excessive corpulency of the lady, and you will readily understand the difficulties that embarrassed our efforts to make a satisfactory examination of the abdominal contents.

After careful and protracted search for the cause of trouble, I was induced to believe that there was a strangulation of the bowels about $1\frac{1}{2}$ inches below the umbilicus. There was no external swelling, but on making firm pressure at the place indicated, I detected a point apparently in the tendinous portion of the parietes, which was hard and unyielding. It seemed to be about an inch in diameter, and tolerably well defined. Sometimes I fancied I could discover a slight elevation of the indurated structure, but Dr. G. could gain no perception of this nature, though he felt the induration distinctly. There was one important symptom that tended to confirm my view of the case. Whenever the patient swallowed any liquid, a violent gurgling would commence in the stomach, and thence pass downward, through the course of the small intestines, until it reached the supposed seat of stricture, then the peristaltic action would be reversed, and another fit of belching and vomiting ensue. Below the point of stricture there was no intestinal commotion.

We all felt convinced that unless relief was afforded, the patient could not live many hours longer.

I stated to the friends the chances of an operation, and urged an immediate resort to it, as the only possible means of saving her life.

Consent being obtained, Dr. G. proceeded to administer ether. This excited coughing and other unpleasant symptoms, and was laid aside for chloroform. A few inhalations sufficed to place the subject in a state of insensibility. While in this state I hoped to obtain a more distinct impression of the character of the strangulation, but notwithstanding the perfect tolerance of manipulation,

secured by the anæsthetic, I could gain no clearer perception of the condition of the parts than before.

Beginning at the umbilicus, I made an incision about $2\frac{1}{2}$ inches in length, downward and directly over the supposed seat of stricture. Having cut through the skin, superficial fascia and fatty layer, I came upon a dark brownish substance, which proved to be the peritoneal sac, very much thickened from inflammation. It was soft and elastic, which at first led me to suppose it was omentum, but on examination I could feel beneath it a small, firm tumor about the size and shape of a hazel nut. This was situated in the posterior part of the sac, and maintained a close and firm relationship with the inner wall of the abdomen. The rest of the sac was filled with serum.

On pinching up the fibers of the sack with a pair of forceps, and carefully dividing them, I was *surprised* by the sudden discharge of an unusual quantity of turbid, lumpy fluid of a deep yellow color. This bore a close resemblance to the ordinary contents of the small intestines, and it may be confessed that I regarded the discharge with more complacency when its odor assured me that it had not escaped from the bowels. Passing my finger into the sac, it came in contact with a small knuckle of intestine which was tense and communicated with the cavity of the belly by a very small pedicle. It required considerable force to divide the stricture, the edge of which was thick and indurated. The bowel was then replaced without difficulty, and the wound dressed by the interrupted suture and adhesive straps, aided by a proper bandage.

While the wound was being dressed, the patient woke up after a pleasant nap of fifteen minutes. She could scarcely be persuaded that the operation was completed, and that there was now a fair prospect of her recovery. In a couple of hours her bowels moved naturally and freely. She had no more pain. In ten days she was able to walk about the room, and at the present time (three months after the operation) she is in the enjoyment of excellent health.

Remarks.—The foregoing is the third case that has fallen under my notice lately, wherein a strangulated hernia was mis-

taken for a cramp colic. In the first case the patient had a well-developed femoral hernia, with all the symptoms of strangulation, including stercoraceous vomiting, which the medical attendant failed to detect, for the simple reason, that he never suspected the true character of the case, and made no examination of the groin. This Doctor (for he was a *Doctor*, and, according to that very veracious instrument, a diploma, he was declared to be a *virum probum, et eximia artis medicæ et chirurgicæ scientia imbutum!*) endeavored, for the space of three days, to force a passage by means of drastic purgatives, and no doubt the case would have terminated fatally, had not the friends interposed and insisted on calling another physician.

The second case alluded to proved fatal. At first the patient was treated for cramp colic; afterward peritonitis set in. The physician in attendance refused to admit counsel, and the family, relying on his confident assurances of a favorable result, permitted him to treat the case alone. When the patient was in *articulo mortis*, another physician was summoned, who discovered the true cause of trouble, but too late for an operation.

I mention these cases to show the fearful danger that results from ignorance or inattention to this disease. Could the truth be ascertained in regard to the mortality from this cause, the results, we fear, would be startling to all, and highly disgraceful to the profession.

The character of hernia imperatively demands that every person, who assumes the solemn responsibility of a medical practitioner, should make himself thoroughly acquainted with the symptoms and treatment of this disease, and should be so profoundly impressed with its danger and frequency as to make him suspicious of its existence whenever called to a case bearing the faintest resemblance to it. The necessity of such knowledge will be readily conceded by all who reflect upon the *frequency* of the disease, and the *rapidity with which it destroys life*, unless promptly recognized and judiciously treated.

It is estimated that one out of every fourteen persons in the community has a hernia. This proportion, when viewed in connection with the *universality* of the disease, would show that a larger number of the human family are affected with it than with

any other disease that flesh is heir to. The common disorders of life are, for the most part, limited to particular portions of the earth's surface; some are limited to particular seasons; some to particular races; some to particular classes of the race, and some to certain periods of life. But hernia is not subject to any of these limitations. The American and the Asiatic, the infant and the octogenarian, the citizen and the backwoodsman, are all alike subject to it. The danger of hernia consists in its constant liability to strangulation. It may be said of the unfortunate class thus affected, that "they stand in jeopardy every hour;" they know not but the next step or cough, or slight irregularity will induce a strangulation that shall prove fatal or otherwise, according as the physician in attendance may happen to be skillful or ignorant.

In most diseases a mistake in diagnosis does not necessarily compromise the life of the patient. A man with pleurisy may, through mistake, be treated for inflammation of the liver or lung, or for rheumatism, and nine times in ten he will recover in spite of the bad treatment. Not long ago a man consulted me about a cough which had troubled him for several months. He said one physician had treated him for bronchitis, another for "stomach cough," a third *sounded* his lungs and gravely recommended a change of business, and a tablespoonful of cod liver oil three times a day. His whole difficulty was occasioned by an elongated uvula, the removal of which put an end to his cough, as well as his fears. Now, such blunders, though disgraceful to the authors and injurious to the profession, were not attended by any very serious result to the patient, but when a similar blunder is committed in a case of strangulated hernia, the consequence is disastrous, for here all mistakes are fatal, unless seasonably rectified.

We may remark that these are the cases in which the true physician has an opportunity of evincing his superiority over the ignorant pretender in medicine. In ordinary diseases, as fever and rheumatism, the superiority can not readily be made palpable to the public. The result of one case, or of a small number of cases, does not afford sufficient evidence to judge a physician's qualifications.

Every one knows that a mild case of croup, or scarlet fever,

will get well without treatment, or even get well in the hands of a quack, while a severe form of the same disease will destroy the patient in spite of the most judicious and skillful management. It is only in cases like hernia, where Nature withholds her aid, or is inadequate to effect a cure, that the difference between the good and the bad physician is readily and unequivocally demonstrated. In such cases the impostor stands abashed and powerless by the bedside of the sufferer, while the physician who has thoroughly studied the structure and functions of the human organism, and their various morbid changes, proceeds calmly and rationally to relieve the patient, and proves himself equal to the emergency.

These remarks are presented with the hope that they may awaken a deeper interest in this all-important subject. They are more especially intended for those just entering on the field of practice, and for our brethren in remote rural districts, where, from the short period of *grace* allowed by the disease, the patient may be sacrificed before competent assistance can be obtained.

ART. II.—*The Legal Protection which State Governments should give to Medicine.* By R. E. HAUGHTON, M. D., Richmond, Ind.

If we but examine the condition of medicine, in a legal point of view, we are struck with the peculiarity of its position, as compared with all other departments of business. In medicine, the motto of the day is, Let every one look out for himself. Not so in other pursuits. Governments protect society by special enactments. We have a fixed standard of weights and measures; we are protected against issues of counterfeit money. We are protected, as communities, from those who are incompetent in the professions of law, theology, and teaching. Examiners are appointed who rigidly scrutinize the ability and attainments of those who offer themselves in these high departments of life. No man sells goods, or drives a wagon for some special purpose, but he must receive a license. The liquor-seller must pay for a license to kill his fellow-man, but the unmitigated quack physician does none of this; but, without time for preparation, and

talents to prosecute, he preys upon society, and victims of ignorance and credulity are hastened to their long home. For the whole series of phenomena in the human economy is regulated by law, and the violations of physical law must inevitably produce disease. When, therefore, this intricate and complex organism becomes deranged, and a great contest is going on between the life forces and the forces of disease, who shall step forward in the pride of his intellect and knowledge, to interpret those physical laws, decide which have been broken, and what is the remedy? Shall it be he who is ignorant of this human body, having never studied its organism, and the laws which govern it, who commences the practice by way of experiment, for the love of gain; who is ignorant of the first great and cardinal principle, Know Thyself, alike in a mental, moral, and physical sense, that he may know how to rely upon himself in the time of trial. Shall such a man as this minister at the altar of affliction? Shall such a man as this stand by the bedside of our valued and loved friends, when disease is preying upon vital organs? Can he be relied upon? Nay, verily. But rather let him who has spent years of unremitting toil in the study of disease, in investigating the construction of the human organism, in studying the laws which govern such organism; the man who has learned the experience of all previous ages in regard to the means to be used to combat disease successfully. Such an one can be relied upon. He can interpret the vital actions, and the laws which govern them correctly; he knows just how far to assist nature; and when he knows the phenomena of disease by observation, he watches the compass of life, and knows whether the frail bark is to be moored safely in the haven of safety, or whether it is to be dashed upon the shoals and sands and rocks of dissolution and death. Then let society be protected. No man is employed as an architect or a machinist, unless he is known to have perfected himself, by an apprenticeship to the study of his vocation. No man would take his watch to a blacksmith to be repaired, neither his plow to a silversmith. Discrimination is always made till the doctor is to be employed; then the man who has most brass in his face, and least brains in his cranium, will be most likely to be em-

ployed. It never occurs then to ask who is the most qualified by study and practice to be a skillful adviser. How ridiculous!

The man seeks the best man in the town or city to fix his watch, but when he wants his own body regulated, a much more complex machine, *anybody you can get will do*, is the frequent message. Why then, in the name of humanity and civilization, when we think of this human organism, a harp of a thousand strings, the most noble and wonderful work of God, the perfection of mechanism, in whose body are a thousand complicated vital actions in operation, why do governments surrender this beautiful piece of workmanship to the mercenary hands of unprincipled charlatans?

When we look back upon the ancient civilization of the Greeks and Romans, we find that it protected and legalized medicine, and coming down through the history of other times and nations, we find protection; and now all modern Europe lavish upon it favors, and protect it from impostors.

Why, then, in this great republic of letters, is society unprotected, and the profession itself unsustained, unaided, and uncouraged by any legal discrimination or recognition? Let us be understood upon this point. We profess to be liberal. We do not ask that all men should belong to one school of practice, but that laws be enacted which require a man before he engages in the highly responsible duties of practice, to show before a proper tribunal, his ability; and also to show that the structure of man, and his diseases, have been made his special study. This is nothing but justice—it commends itself to the judgement of men, and society owes thus much to itself. By thus acting, a premium is offered for the most gifted and cultivated minds to enter this broad and glorious field of science, and pretension and unblushing effrontery are driven abashed into other and more befitting employments and avocations.

It may be said that the medical profession is a law unto itself, by its own regulations controlling every thing for its own benefit and aggrandizement. Such is not true, only so far as the advancement of science, and the regulation of that professional etiquette and propriety, and those amenities which are due to all

those arduously engaged in the elevation of the standard of scientific medicine. And we are proud of our Associations, State and National, which bring together the gifted minds of the profession; and we delight to see that society is beginning to honor these bodies of men, and men in higher positions are vying with each other to do honor to the members of a great and humane profession. Let but the State, in its legitimate authority of law, and law regulating, protect and support scientific medicine, and its votaries, and we should soon see this blight and mildew distilled from the Upas tree of ignorance and empiricism, dispersed, and the glorious light of scientific medicine would be diffused throughout this republic of letters, and the obloquy which is now heaped upon the honest, scientific inquirer and practitioner, would be removed and he elevated to the position which he should be acknowledged to occupy, viz: a benefactor of humanity.

The taunt of uncertainty, the prejudice of the common mind against the use of certain remedial agents, are the means of the empiric to ingratiate himself into favor; and how often does it succeed, and he comes to administer even more dangerous remedies to the gullible patient—dangerous in his hands, because not fortified by that science which is the guide and safety in true medicine. Then let society cherish and elevate its medical men, and if science will not enable them to combat and struggle with disease, neither can ignorance; and let it be known that there is nothing known to the empiric which is not also known to the educated, scientific physician, and that there is no safety except in the knowledge of the laws of health and disease—a knowledge of those unalterable laws by which we live, move, and have our being.

ART. III.—*The Apocynum Androsaemifolium, or Dog's Bane in Dyspepsia.* By W. H. LAMME, M. D., Centreville, O.

The dog's bane seems never to have elicited much attention as a remedial agent. Like many of our indigenous plants, it has not received that consideration at the hands of the practitioner that its merits demand. I have been in the habit of prescribing it in cases of dyspepsia and kindred affections, for several years, with highly satisfactory results.

Authors have assigned to it emetic and tonic powers. Eberle ranks it with emetics, when given in large doses, but in small doses he regards it as a tonic. He further remarks, "that it is peculiarly suitable to dyspeptic cases." Prof. Ziglon also ranks it with the tonic remedies. Dr. Zollickoffer says, "the dog's bane is admirably calculated to improve the tone of the digestive apparatus." Besides the effects here ascribed to this plant, it will be found to possess laxative powers in small doses. In large and frequently repeated doses it acts promptly as a cathartic, and carried still further, it will produce nausea and vomiting. When it is given in small doses, it acts gently on the bowels, producing full, free evacuations, unattended with nausea, griping, or other disagreeable effects. It is this union of a laxative with a tonic power that renders this article of such peculiar value in dyspepsia, with its usual concomitant, constipation of the bowels. In such cases it imparts tone to the relaxed and debilitated organs, improves the appetite, renders digestion easy and comfortable, at the same time the bowels are kept soluble. In those cases where the liver seems to be involved in the morbid action, with tenderness of the epigastrium, foul breath and loaded tongue, it will be proper, before using it, to give blue pill and sup. carb. soda for a few days. Also, in cases of obstinate constipation, it is best to first clear the bowels by an active cathartic.

The root is the only part used, and should be fresh. Much of that found in the shop is inert from age and improper care in collecting it.

I have usually given it in the form of a saturated tincture, regulating the dose according to the effect produced on the bowels; when they are kept in a soluble state, the proper dose has been attained. The tincture, however, is objectionable, in consequence of the alcohol, which is injurious to many dyspeptics, and especially so, when the dose has to be increased to a teaspoonful, to obtain its effects on the bowels.

This difficulty, however, may be obviated by first making a decoction of the fresh root, and afterward adding alcohol or brandy sufficient to preserve it. Though not a very elegant formula, this will be found to suit in most cases better than either the decoction or the tincture.

CORRESPONDENCE.

BRIDGEPORT, O., July 18, 1857.

EDITORS OF MEDICAL OBSERVER: .

It is now eleven years since the Belmont Medical Society was commenced, having the priority of the American Medical Association by one year. Like the National Institution, it publishes its proceedings annually, and I think is productive of much good to the members, as well as of interest to the faculty at large.

Vires acquirit eundo. At the session held on the 16th, three physicians of Steubenville, in an adjoining county, Drs. Brugh, Mitchell, and Johnston, were admitted as members. Now nearly every respectable physician in the county belongs to it. A few who dread the face of the censors, and who are noted as quacks, are justly excluded.

The July session opened at Bellaire with an address from Dr. Affleck, on *Insanity*. The views were somewhat singular; he having assumed with Drs. Parker and Gilman, in the Huntington forgery case, "that there is no disease of the mind without disease of the body; that insanity implies a morbid condition, and an abnormal action of the brain;" that no such thing as mind exists, except as a consequence of the operation of the brain; that all thoughts, feelings and affections are effects caused by one or more of the five senses, either from extent or internal impressions, totally disregarding all inspiration *de nubibus*, but attributing every thing to physical causes, thereby completely ignoring the assertion of Woffbauer, that "Mania may exist uncomplicated with mental delusion."

To explain how *moral causes* produce insanity, he rested on the atomic theory, and attempted to show how the *apportroiai* or subtile emanations of objects impressed themselves on the brain and made mind. He contended that words are matter—that, for instance, the word *horse* had shape and density, and that it acted through the ear, conveying by the nerves to the brain the word that corresponded to the object. He closed by describing sanity

to be the normal state of man, and insanity an aberration more or less remote from that state of sanity. Hence he concluded that physicians who had made physiology a special study, were the best qualified to judge of insanity; and that its cure was a mere meditation on physical laws.

Dr. Campbell and others objected to the theory, because it did away with the immortality of the soul, a cherished doctrine with Christians. Dr. A. replied that the immortality of the soul was Platonism, not Christianity, except so far as Christianity was grafted upon Platonism. The Jews, until the tenth century, knew nothing of the immortality of the soul. St. Hilary, St. Ambrose, Tertullian and other fathers of the four first centuries, advocated the corporality of the soul. Drs. Hartley and Priestly, two eminent Christian divines, believed in and wrote upon its materiality, and Locke said, "I do not see that there is any contradiction in God giving, if he wills it, certain degrees of feeling, perception and thought to certain portions of matter." On motion the debate was cut short, on the ground that the subject was becoming too metaphysical.

Dr. Henry West read the report of a trial in the Court of Common Pleas, Belmont county, for the mal-practice of a Medicobotanico physician, by the name of Camp, in which it was charged that lobelia had been administered to a virgin patient, so that the uterus was protruded to a considerable distance outside of the vulva. True or not, the patient and jury doubtless thought, with Aretæus of old, that "sometimes the whole uterus protrudes from its seat, and rests on the woman's thighs. This fact may seem incredible, but the uterus may be seen."

From the testimony in court the Dr. was mulcted in the sum of \$300. Good for him. The (S)Camp ought to have known, if he had consulted authorities, that, in the floating wombs of Aretæus, there is a remedy for holding it *in situ*, viz.: "If the organ scent any offensive odor, the woman may herself draw it back by smelling some agreeable perfume."

The case was discussed at some length by several of the members—a very few of them only agreeing with Aretæus, that the womb is an animal within an animal, having the faculty of occasionally stepping out to see "the times, their form and pressure."

For my part, I am certain that if ever the uterus was chased down by the offensiveness of lobelia, it might easily be chased back, by giving it a peep at that "*horrible monstrum*," a steam doctor.

Drs. Campbell, H. West, Estep and Cobb detailed a case of diseased tibia. A young man, by the name of Cook, had been suffering for some time with a malignant tumor of the lower extremity of the tibia. He was under the charge of Dr. Cobb, of New Athens. Several physicians were called in as counsel. Among them was Dr. Dyas, a student of Carmichael, of Ireland, and lately Professor of Anatomy at Trinity College, Dublin. He was selected to amputate. On examining the case he pronounced it a malignant tumor, and of such a nature that neither the "books" nor approved modern surgery would warrant an operation, and positively refused to act, unless backed by a majority of the physicians present, and then only as a mechanic in a special case. The physicians, not willing to proceed under that state of things, adjourned. A few days afterward Drs. Estep, West, Campbell and Cobb met, and viewing the disease as a necrosis with a scrofulous taint of constitution, performed the operation. This was deemed necessary on the ground that unless it was done speedily death would shortly close the scene. The operation was successful, and the young man is now going about, apparently in good health. How long he may continue so remains to be seen. On a review of the testimony before the society, Dr. McConahey advocated the diagnosis of Dyas—Estep, West and Campbell in opposition. Quite a war of words sprang up about the nature of the tumor, and considerable acrimony of feeling was exhibited. Thus these doughty champions parted, each one saying, "Oh, that mine enemy would write a book."

Drs. S. B. West and Weirich were appointed a committee to draft a memorial of W. McK. Drake, M. D., lately a member of the society, who, on the 4th of July, was accidentally killed by the bursting of a fifty-six pound weight.

The Annual "Transactions" were, by a vote of the society, ordered to be published.

The October meeting will be held in Martinsville, on the Cleveland and Pittsburg railroad.

REPORTER OF THE BELMONT MED. SOC., for Med. Observer.

TRUTHMOUNT, August 6, 1857.

EDITORS OF MEDICAL OBSERVER:

This is a wicked world, and awfully given to deception and lying. I suppose you will indorse this, and may be inwardly, if not outwardly, say, "We know it, tell us something we don't know." Well, it is not easy to instruct or enlighten an editor. Seated upon his tripod, with a huge pair of shears on one side, with which he extricates *heavy* material from its, it may be, original resting place, and in close proximity, a wee, delicate pair of scissors, used for the clipping operation; with journals, newspapers, manuscripts blotted and unblotted, intelligible and unintelligible, the chirography, in some instances, resembling that on the pyramids, and about as easily deciphered; with raven, flaxen, or some other kind of hair thrown back from the forehead; with lips compressed and eyes intent indicative of a strong determination to catch an idea, and hold it, if possible, long enough to secure it for the journal, the editor presents a most unapproachable aspect, a *knowing*, yet forbidding look, a "noli me tangere" demeanor, which force him into comparative solitude, give him *at a distance* a *stupendous* appearance, however *little* he may appear upon a nearer view, in a word, place him in a class of animated beings, which has for its title, "sui generis." But what has all this to do with deception and lying? Do editors deceive? Do all editors always tell the truth? Hoping you will not consider what I may say as personal, and therefore call me to the field, I wish to jot down a few things which may prove not altogether worthless.

Be it known to you then, I am away on an excursion, and send this missile to you from Truthmount, where I find but very few people of any class, and no editors. Strange as it may appear, upon consulting the register, and inquiring of the few residents here, an editor has never visited this lofty mount. Now, as they are an *aspiring class*, I have felt at a loss for an explanation. "Are you certain," I asked the "*oldest inhabitant*," "that an editor of a medical journal has never visited this elevating and refreshing spot?" "Yes," he replied, "quite sure. I have

watched those journeying hither, and they have been many, and in the mass I have frequently espied such an individual as you mention, but at some distance from the summit, which he never gained! Look down, near the foot of this eminence, and to the left, and you will see a narrow zig-zag road, which leads to another, but not so high a mount as this; it is Selfdom. To that, editors, with many others, I have seen go, instead of steadily and perseveringly climbing to where we now stand. A few years ago one had almost reached Truthmount, when his foot slipped, and he would have rolled quite to the base, had it not been for the multitude on their way to the zig-zag road, who blocked up the path, and thereby arrested him. Poor fellow! he had not the courage to try it again, but trudged on with the crowd to Selfdom, where he has remained ever since."

Now, Messrs. Editors, this is a painful story, and I am very much inclined to doubt its truthfulness, though I heard it on Truthmount. I have no doubt you doubt it too. But still, is it not a fact that a great deal of deception and lying are practiced in our journals. Don't you believe a great many cases are reported, *wonderful, monstrous, horrible cases*, which have had no existence save in the brain of the reporter? Don't you believe a great number of the miraculous cures of awful diseases by wonderfully skillful operations or medication, have been conceived and born in Selfdom, and the brats swaddled in the sheets of a journal, have been recklessly thrown upon the lap of a credulous community to create a sensation, and thereby beget *notoriety* for the projector? Have you never read of "*phantom tumors*" marvelously disappearing under a single application of the "*tactus eruditus*," rendered doubly efficient by the presence of chloroform and an admiring, *gaping crowd*? Of luxated femurs and *humerus* as reduced by manipulation, without any *pulleying*, where the joints have been perfectly innocent of the eclat attained! A host of illustrations *rush* into my mind.

And then, again, look at the long drawn-out articles which encumber our journals, from the fact that there is "nothing in them!" Or, it may be, that after careful searching, one *little mouse of an idea* may be found, snugly ensconced in some old

clothes, which have been thrown away as old-fashioned; or, an idea of some magnitude may, after much pains-taking, be brought to view, having been obscured by the luxuriant drapery thrown about it! Then, again, how perfectly fatiguing and discouraging it must be to any but *editors* and *professors*, to meet in every other line, at least, "the automatic nervous force" linked by huge, *elephantine words*, which, judging by their size, should contain a great deal of meaning, but, unfortunately for the reader, too often resemble fine-looking, large peanuts, at a distance captivating their admirers, but, upon close contact, proving nothing more than a semblance to reality!

Journals are not the only vehicles which convey *exaggerated*, to say the least, reports to the masses. Do the announcements of our medical colleges always contain "the truth, the whole truth, and nothing but the truth?" How many "splendid anatomical museums" there *must* be in our fast country, *judging from the circulars of medical colleges!* How many of our professors, *especially of surgery*, must have visited Europe, and must have made valuable additions to their private museums, if the "documents" can be credited! Who ever read an "announcement" of lectures of a medical college, without observing, in print, a complete collection for the illustration of the "anatomical, surgical, and obstetrical lectures," to say nothing of the chemical apparatus?

Nor is it necessary to use "perifocal or pantascopic" glasses to see, in print, "that it is *the determination* of the faculty to make their future instruction most *eminently practical*," "having advantages *inferior* to no school in the United States." Of the importance of clinical instruction there is no doubt, and yet Messrs. Editors, it seems strange, that while insisting upon this branch as necessary to the proper qualification of the student to become a good practitioner, the acquirement of "knowledge which will be so immediately requisite when he assumes the duties of his profession," "*one course only of clinical instruction*," other things being equal, is requisite as a "qualification for graduation." For the present, adieu.

"VERITAS."

REVIEWS AND NOTICES.

Principles of Medicine. An elementary view of the Causes, Nature, Treatment, Diagnosis, and Prognosis of Disease; with brief remarks on Hygienics, or the Preservation of Health. By CHARLES J. B. WILLIAMS, M. D., F. R. S.; a new American from the third and revised London edition. Philadelphia: Blanchard & Lea. 1857. For sale by Truman & Spofford. Price \$2 50.

Manual of Physiology. By WILLIAM SENHOUSE KIRKES, M. D., Fellow of the Royal College of Physicians, etc., etc., etc. A new American from the last London edition, with two hundred illustrations. Philadelphia: Blanchard & Lea. For sale by Truman & Spofford. Price \$2.

The science and art of Medicine are progressive. We are steadily and continually taking new ground and advanced position. We are glad this is so, even though it be true that in this onward march we may be obliged to give up many favorite fancies that with our present knowledge we are accustomed to cherish with affection and respect. The developments of Physiology and Pathology have very materially affected the *status* of our theories during the recent past, and doubtless they will still continue to do so; but as these two in great measure constitute the *logic* of rational medicine, we cheerfully bow to its legitimate conclusions.

The volumes whose titles head these paragraphs, are both already familiar to the medical profession of this country. The *Principles of Medicine*, by Dr. Williams, will be recognized as a new edition of his work heretofore known as *Principles of Pathology*. It has already commended itself to the high regard of the profession; and we may well say that we know of no single volume that will afford the source of so thorough a drilling in the principles of practice as this. Students and practitioners should make themselves intimately familiar with its teachings—they will find their labor and study most amply repaid.

The *Manual of Physiology* is a new edition of what is well known to medical men as *Kirkes & Paget's Manual of Physiology*. We have nothing in the way of a Hand-book that is by any means so complete. It embraces a full outline of our present accepted notions of Physiology, well arranged, clearly presented, and sufficiently brief for comfortable study. We are gratified to see this handsome new edition, which, by the way, has received the editorial supervision of Prof. J. Aitken Meigs, of Philadelphia—a kind of labor we fancy, however, that is becoming rather unpopular, and not particularly praiseworthy, at best.

Both books on sale by Truman & Spofford.

VOL. II., NO. 9.—26.

BOOKS AND PAMPHLETS RECEIVED.

PRIZE ESSAYS ON CONSUMPTION—Being a reprint by Blanchard & Lea, of the Fiske Fund Prize Essays, by Lee, of London, for 1855, and Warren, of Edenton, S. C., for 1856.

A POCKET FORMULARY AND PHYSICIAN'S MANUAL—Embracing the art of combining and prescribing medicines to the best advantage; with many valuable tables, recipes, etc., etc. By Thos. S. Powell, M. D., of Sparta, Georgia. An engraved portrait of the venerable Chapman accompanies this little pocket companion. For sale by York & Co., Nashville, Tenn.

METEOROLOGICAL AND NOSOLOGICAL REPORT, for Memphis, Tenn., during the first six months of 1857; with an appendix on the Pathology of the Zymotic Fevers. By D. F. Wright, M. D., Secretary of the Board of Health, Prof. of Phys. and Path. in the Memphis Medical College.

TRANSACTIONS OF THE SECOND SESSION OF THE MEDICAL SOCIETY OF THE STATE OF CALIFORNIA—Convened in Sacramento, February, 1857. We have been favored with a copy of these Transactions, through the politeness of Dr. Thos. M. Logan, Cor. Sec. of the Society. The present volume is not large, but affords pleasant confirmation of the energy and professional seal we have already had occasion to note as characteristic of our Pacific neighbors.

NEW BOOKS.—We understand Prof. Peaslee, of New York, is about to give the profession a new work on Physiology—and ex-Prof. Goldsmith, one on diseases of the urinary organs.

Lindsay & Blakiston, of Philadelphia, will issue new editions of Caseau's Midwifery, Mendenhall's Vade Mecum, and Meigs on Children, to be ready for the trade in September.

We see the long expected volumes of "Indigenous Races," and "Climatology of the United States," the prospectus of both of which we noticed sometime ago as to be published by J. B. Lippincott & Co., are out at last. The publishers have not given us the opportunity to examine these works, but we do not doubt they will fully meet the high expectations of those curious in such researches.

EDITORIAL AND MISCELLANY.

MEDICAL EDUCATION—DR. FISHBACK'S REPORT.

WE acknowledged the receipt of the *Transactions of Indiana State Med. Soc.*, for this year, in our August number. We refer to them again at the present, for the sake of calling up the report of Dr. Fishback on *Medical Education*. We have read the report with much interest, and to most of its propositions we accord, at least theoretically, our hearty approval. The subject of Medical Education is just now receiving very general discussion through the medical press, and at the conventions of the profession. There is an assent on all hands that our present system is very sadly defective. Still, thus far, we simply agree in the sense of deficiency; we fail to determine what reforms will meet the exigency; certainly, thus far our plans are crude and immature; that they will speedily take shape, and receive the moral force of the profession, compelling radical changes and the work of earnest reform we do not doubt. In the meanwhile, good will grow out of discussion, and with light will come conviction and progress.

In reference to the present condition of Medical Education, Dr. Fishback very properly asks the question: "Is it not *just what we permit it to be?*" He justly complains that a very important element of the evil is in the raw material—that while "No other profession or pursuit affords freer scope to the very highest powers of observation, of analysis, of reasoning, than ours, none demands a larger amount of *common sense, practical talent;*" yet there prevails to a larger degree the unfortunate sentiment that doctors are to be made of such children "as are not likely to succeed in other professions, or even in agricultural or mechanical pursuits." We should select candidates for the study of medicine, then, of a higher order of mental endowment, and with a more thorough preliminary education, and, as resolved many years since by the State Society of Indiana, it is our "duty to discourage young men from the study of medicine who are wanting in these important requisites."

The report, however, regards the *time* appropriated to the attainment of medical education as far too limited; and, indeed, that the whole is *essentially* wrong; and after detailing the usual *mode* of reading, seeing occasional patients and operations, with-

out understanding their philosophy, says Dr. Fishback, "Could there be a more palpable perversion of language than to call this *instruction*?" The following is the plan which Dr. Fishback proposes as a substitute for our present system:

"Let us have a Medical School, entirely and amply supported by the State, and open to all her citizens, possessed of suitable preliminary qualifications, free of charge. Let it be as fully manned with teachers as you please, but with only two, or at most three lectures daily, of one and a half hours each, preceded by half an hour's *real* examination of the students on the subjects of previous study, with the application and use, by both teachers and pupils together, of all the dressings and instruments used in surgery. Let the lecture term consist of not less than nine months in the year, and three terms constitute a course; i. e., let each professor occupy nine months in each year, for three years, in going consecutively through his department, devoting say one-third of the last term to a review of the whole course. The time of the students out of the lecture room should be diligently employed in the study of the subject matter of the lectures, practicing the application on each other of the various bandages, splints, etc., etc., preparing medicines, and filling prescriptions. Clinical practice (hospital or private, or both) should be seen and participated in during the last year, at least. Then let us secure some such legislation as this. Let the State Medical Society choose a Board of seven Medical Examiners, from men eminent in the profession, not residents of the State. Let the Board meet at the Capital once or twice annually, for the public oral examination of all candidates for the future practice of medicine and surgery. Let certificates be issued to those found to possess the necessary qualifications, authorizing them to practice the profession, and allow none hereafter to enter upon the practice without such certificate, under heavy penalties."

Dr. Fishback asks then for a higher order of mental capacity, for more thorough preliminary education, and for a prolonged period of medical study, to all which we respond a hearty amen. The idea of a *free* medical school will admit of fuller discussion than our present space will allow—we could only regard it with any favor as under ample State patronage, and with a corresponding State *protection* of a broad and appreciative character. The report provides for these features, but will our democratic notions ever tolerate them? In other respects, especially in extending the lecture term to correspond with our academic year, and with only two or three lectures daily, the plan of the report is essentially the plan submitted by a writer in the *N. A. Med. Chir. Rev.*, for July. Theoretically, it would appear to be the change in medical teaching that we need; it would obviate most of the objections to our present crowded, cramming system; it would not lay upon teachers any particular increase of labor. Very probably we

shall come to this reform when the voice of the profession demands it in earnest. Our system is "*just what we permit it to be.*" Practically, however, there are serious objections to overcome. Everybody knows the difficulty with which, in the present plan of four months sessions once a year, students are retained until the close of the term; besides, medical students, as a class, are poor young men; with them, to raise the amount necessary for board and current expenses for four months, is a large sum; and a very large proportion of them require the advantage of a summer vacation to teach school, or in some like way recruit their finances. These are not offered as insurmountable obstacles to this change, but they are such as will render it slow of success. With these strictures we leave the subject for the present—it is very properly occupying the professional mind of the country, and we may recur to it again from time to time, either to make our own suggestions, or present to our readers such as may be given by our cotemporaries. †

PROF. GIBSON AND MR. CRAWFORD, THE SCULPTOR.

IN the August number of the *Medical News and Library* we find a long letter from Prof. Gibson, detailing the history of his connection with the case of Mr. Crawford, the sculptor. We regret that Prof. Gibson has felt it necessary to make this defense, but all professional men will certainly regard it as full and satisfactory. It is probably known to most of our readers that Mr. Crawford, one of our distinguished American Sculptors, has been laboring for a year past with a tumor in the orbit of the eye, which the ablest surgeons of Europe pronounce *malignant* in its character. Prof. Gibson, late of the University of Pennsylvania, being on a visit to Rome last winter, was requested by Dr. Smyth, the attending physician of Mr. Crawford, to examine the case and give the benefit of his advice. Before doing so Prof. Gibson explained that he had withdrawn from professional duties entirely and "did not wish to engage in any case whatever"—but as a friend and countryman he was willing to attend with Dr. Smyth, and while he remained in Rome to do every thing in his power to serve Mr. Crawford,—but that his services must be gratuitous. Says Dr. Gibson in his letter—"after minute examination and inquiry into the nature of the case, I remarked to Dr. Smyth—"it is evident that the eye, perfectly sound in itself, but pushed forward beyond the walls of the orbit more than half an inch, is acted upon by *pressure* from behind from a fluid or solid—that if from the former, an *exploring needle* might by discharging it cause the eye to resume its natural position, and be followed by a cure—that if on the

contrary, *solid*, and, particularly, if of *malignant* character, no essential benefit can result from any treatment whatever, and that the case must, *necessarily*, in a few months terminate *fatally*?' Having obtained Mr. Crawford's consent to the use of the *exploring needle*, and being requested by Dr. Smyth to perform the operation, I engaged in it the next day, with every precaution and with the utmost delicacy, and in a few minutes was able to ascertain, with the utmost accuracy, that there was *no fluid*, but a *solid* tumor, which not only filled up the posterior part of the orbit, but might possibly have its origin in the brain."

As Prof. Gibson had anticipated and foretold, the tumor continued to develop rapidly—after which Mr. Crawford was sent to Paris, and received the attentions of the most eminent men there. Sometime in April, however, Mrs. Crawford wrote a letter to her friends in this country, which was published in the *New York Evening Post*, and wherein she expressly attributes the aggravation of Mr. Crawford's condition to the exploring operation by Prof. Gibson. All the circumstances of the case, certainly render the letter of Mrs. Crawford, to say the least, very thoughtless and uncalled for. It is to this charge that Prof. Gibson especially designs to reply in the letter before us. This is a form of infliction to which the profession is much too frequently subjected—a family receives the benefit of the most careful, most reliable, most painfully matured advice and professional attentions—and yet if despite all the resources of our art the case proves unfortunate, the friends allow themselves to make disparaging remarks of the attendants, or as in this case, assume to set up a non-professional opinion, in a case too where they can not properly have any claim to capacity for giving an opinion of any worth, yet we say, setting up this non-professional opinion to blast so far as it may, the life-wrought reputation of the conscientious, skilfull medical adviser. This evil is grossly unjust to the medical man, and eventually must in a great measure re-act unhappily to the interests of the community. Prof. Gibson has fortified himself with the opinions of Velpeau, Nelaton, Desmarres and Sichel, all confirming the views of Gibson in his diagnosis of the case, and heartily approving his operation with the *exploring needle* as every way proper in this case, and one of daily employment in doubtful cases of this character.

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A professional brother of Boston has forwarded to the Jersey City "retired physician whose sands of life have nearly run out," a cask of fine beach sand to supply the vacuum.

THE NATIONAL HOTEL DISEASE AT WASHINGTON CITY.

We have thus far foreborne to speak of the remarkable endemic, which scourged the visitants of the National Hotel so terribly a few months since—because we found the whole matter so covered up with mystery that we were unable to give more than the statements already familiar to all our readers through the newspaper reports. Even the careful examinations of eminent medical men on the ground appeared of a contradictory character—and rather tending to add to the mystery which surrounded this whole affair than to afford reliable evidence of its true nature. Dr. Reese, chairman of the Section of Theory and Practice, etc., in the N. Y. Academy of Medicine, has recently read a report upon this subject, to the Academy, based upon a paper by Dr. Wynne, referred to the section. And in connection with the paper by Dr. Wynne, the Section received letters from Dr. Stone, Hall and others, and also the testimony of members who had attended sufferers by this Endemic—professionally. The consideration of the whole subject seems to have received the faithful attention of the Section—and we subjoin the following synopsis of their conclusions. In the first place the question was submitted whether the condition in which the sewers, cesspools, sinks, and their several conduits for the removal of offal, etc., from the premises of that Hotel, in which they were suffered to remain last winter, “would authorize the belief that an effluvia of noxious gases from these sources might impair the health of the inmates: The opinion of the Section corresponds on this question with that of the Washington Board of Health, as well as that of most of the Physicians on the spot—to wit; that these sources were sufficient to generate a poisonous atmosphere adequate to the generation of disease.” 2d, The Section regards the foul air thus produced, and which it is proved pervaded in greater or less degree the entire building, as a sufficiently potent morbid cause to account for all the symptomatology of the disease—3d, “The Section after full discussion, seemed to concur in the opinion, that no known poisonous article from either kingdom of nature would have produced all the group of symptoms, which so uniformly characterized the cases; and certainly not without involving the stomach itself in more serious mischief than is alleged to have been present in any case.”

The Section had not the opportunity to decide upon questions of inquiry elucidated by chemical, microscopical and pathological investigations, which are yet to be made and which will doubtless throw additional light upon the subject. “With this qualification,” however, the report proceeds to remark, “we unite in the belief that the source of the endemic in the National Hotel, at Washington, was solely a poisonous atmosphere, probably engendered in the receptacles for offal and

other filth, under the building or adjacent thereto, in the sewers, etc. These having been obstructed by ice, or otherwise by neglect, until the accumulation of foul air and noxious gases involved the atmosphere in and around the building, and, as in other cases of malarial exhalation, severely and dangerously affecting its inmates.

"This foul air we regard as the *one common cause*, which exposed all who inhaled it to a predisposition to the malady, which itself was modified in individual cases by previous health, and developed with greater or less promptness and severity by excesses or indiscretions in diet, drinks, exposure, etc., either of which might have been harmlessly indulged, but for the universal predisposition induced by the atmospheric poison. And in like manner even the predisposition, as in other cases, was not followed by an attack in all such, because no exciting cause was applied of sufficient potency. And again, many who received this predisposition had no symptom of the malady until days or weeks after they had left the atmosphere of Washington and returned to their homes. Then, under some exciting cause, the disease was developed, their predisposition having remained latent meanwhile. These cases have been sufficiently numerous all over the country, and so well characterized as to be identified as originating at Washington, by unequivocal pathognomonic symptoms.

"Finally, this view of the subject appears to us to explain many of the circumstance reported, by authority, as marking the endemic, and which are wholly inconsistent with any theory of mineral poison. For example, while some persons sickened after a single meal, or a single drink taken at the bar, there were many others who ate, drank and slept exclusively in the hotel, throughout the whole endemic, without a single symptom. There were besides, numbers who suffered an attack, who neither ate nor drank in the house, but only visited it, or mayhap slept there. Yet it is remarkable that no case of the disease is alleged by anybody, in which the patient had not been in the hotel and inhaled its air. Hence this common cause, the poisoned atmosphere, having been present in all cases, while none of the other causes are known to have been present in many, and all are known to be absent in others, these facts render our conclusion rational and philosophical. And as it is "illogical to seek for more causes for any effect than are necessary for its production," we are not willing to admit any other poison than that which the foul air of the hotel furnished as the common cause of all the endemic visitation which has been suffered by our Washington neighbors; and we commend to the civic authorities there, and every where, the sanitary lesson taught by this pestilential endemic." †

DRUGS, INSTRUMENTS AND PROFESSIONAL APPLIANCES.—Cincinnati is rapidly becoming what it ought to be and must necessarily eventually be—the great Medical Centre for the West. This is especially true in regard to the various matters that are included in the lies of the physician's office: We do not think there is a point in

the West where physicians can procure their supplies of Drugs and Chemicals, for instance, on so good terms in every way, as in this city. For instance the fine stores of Dixon on Main street. and Jno. W. Hannaford and W. J. M. Gordon on Western Row, are worthy the fullest confidence of our country friends—we say what we do know: The stores and fixtures are neat and clean—the articles fresh and pure;—we might very truly make similar references to our surgical instrument shops—and this reminds us of what we have often thought would be a matter of wise forethought on the part of our friends who visit this city—perhaps only occasionally —viz: to visit for instance the shops of Woche and W. Z. Rees, on 6th street, and take a general survey of their stock of instruments and surgical appliances; and of Corliss & Co., on 4th street, whose stock of trusses, bandages, etc., are worthy of careful examination: these gentlemen will take great pleasure in exhibiting their wares, and even though you may not at the time need any of them you will know where to send to and what to send for, when you do require such articles. †

LETTER FROM TRUTHMOUNT.—We give place to the letter of *Veritas* with some mental reservations. We certainly think his reflections upon editors look very much like “bearding the lion in his den”—but we submit to this part of the infliction for the sake of the clubs he throws at every body else: at any rate we think we may safely congratulate our friend that *at length* he has himself arrived at “this elevating and refreshing spot,” and is free from those peculiar trials, temptations and besettments that are the wretched lot of editors, professors and authors. †

PROF. ARMOR.—We learn from the *Lancet* that this gentleman, late Prof. in the Medical College of Ohio, has accepted the chair of Pathology and Clinical Medicine in the Medical College of St. Louis. The *Lancet* says:—“We have heard many lecturers, both in this country and in Europe, but we have heard but few who could surpass Prof. Armor in riveting the attention of a class.” Perhaps other retiring colleagues may be favored with a compliment should they be selected to vacancies in other institutions. †

IOWA MEDICAL JOURNAL.—No. 2 for July and August, of vol. iv., of this much respected neighbor, is received—this being the first number we have received this year: We are glad however to see our friends up North-west give such good evidence of being wide awake as is manifested in the present very readable number; please send us No. 1 of vol. iv., and oblige. †

EXCITO-SECRETORY SYSTEM—ANOTHER RICHMOND IN THE FIELD.—Dr. Marshall Hall has very gracefully yielded to Dr. H. F. Campbell's claim of priority in announcing the doctrine of an excito-secretory nervous system: But Dr. J. Adams Allen has recently sent a communication to the *Medical Independent* setting up his claim for *prior* priority in this teaching: We hope so important and dignified a question will not degenerate into a Miss Flora McFlimsey sort of a petty quarrel. †

Jaundice seems to be "no respecter of persons"—for we regret to say our neighbor of the *Lancet* has been suffering from a serious trial of this "disçase o' the liver." "What a sight! a' faces as yellow 's yellow lilies, like the parchment o' an old drum head!" Our neighbor's patience has been taxed to the last point of endurance, and he even came near being upset from his usual placid equanimity: But still, notwithstanding the *Ettrick* declares that "the mental depression o' the sowl in the jaundice is maist truly dreadfu'"—we congratulate our friend that in the midst of his bodily afflictions from the *yellows* he has thus far happily escaped the *blues*. †

DESECRATION.—Passing the corner of Fifth and Western Row, a day or so ago, we took a mournful look at the old building wherein the spunky "Miami Boys" were wont to congregate: We read on the *shield*, instead of Miami Medical College—Gillespie's Dancing Academy! Within we found very material modifications—changes that to the eye and nose were certainly for the better; the upper amphitheatre is converted into a very handsome dancing saloon—and the *attic chamber* is papered, painted, etc., etc., to be used hereafter as an *eating room*! Certain queer associations of the past came up incontinently with this announcement and gave rise to a sort of ghostly grin: But notwithstanding the edifice is still devoted to the cultivation of art and science, we somehow couldn't but feel—"what a fall was here my countrymen." †

AMERICAN DENTAL ASSOCIATION.—The recent session of this body was held in Boston; Dr. James T. Taylor of this city was elected President. †

DR. J. C. NOTT, of Mobile, has been elected to the chair of Anatomy in the Medical Department of the University of Louisiana, in place of Prof. J. C. P. Wederstraudt resigned. †

DR. THOS. D. MITCHELL has been elected to fill the vacancy in the chair of Materia Medica, Jefferson Medical College, made by the resignation of Dr. R. M. Huston. †

EDITORIAL EXPERIENCE.—Our friends often inquire of us, as to the compensation of journalizing; we don't propose to make a general response at this present as to all its beauties, but our neighbors of the Dental Register have recently given their experience, and as they tell our own story in many vexatious particulars, we give a paragraph or two therefrom: Professional Journals *peculiarly* need the fostering friendship of their patrons to give them any chance for success—if our friends have not the time to afford an active friendship—we certainly think we might expect a greater degree of consideration than is too often accorded, from members of a “liberal profession.”

“We sent specimen numbers to some, with an urgent request that if they did not wish to be considered subscribers they would return them, or refuse them and let the postmaster notify us. Quite a number of *new paying* subscribers were thus obtained; and in several instances, we were cordially thanked for sending the specimen. Some kept three numbers and notified us to discontinue. A few kept the three numbers, refused to pay for them, and wrote impertinent, saucy letters, besides. They took the goods at the marked price, and on the published terms; and, had the article been *cloth* instead of *paper*, they would know as well as any one that they are guilty of fraud in refusing to pay for it. But there are not many such men in the profession.

“With a subscription list that would make us feel rich if each one would only send that ‘three dollars in advance,’ we have *already* received about half as much as the cost of issuing. Well, do you think we are discouraged? Nothing of the kind, gentlemen. Our hopes are not so buoyant as they were a year ago; but they are better balanced. We know that the Register has *some* friends wide awake now; and when we see people enjoying a very comfortable sleep, we naturally expect great energy when they awake; and, hence, we know that very many of you who have not remitted for vol. x., will soon send along *six*, instead of three dollars, and obtain your receipts for vols. x. and xi. at the same time. We know, also, that many of you who seldom write, and some who never do, will send practical articles for our pages, making the original department of the Register more extensive than that of any other dental periodical. We know too, that the Register is a ‘fixed fact,’ and will live, even if we die at our posts.”

UNIVERSITY OF LOUISVILLE.—We are gratified to learn that the edifice for the use of the Medical Department of the University of Louisville, which our readers remember was destroyed by fire in the midst of its last winter's session, will be rebuilt in good time for the next course of lectures; all honor to the energy of the gentlemen connected with that institution.

INDIANA STATE MEDICAL SOCIETY—REPORT OF DR.
PARVIN ON DISEASES OF THE EYE AND EAR.

AMONG other excellent papers in the Transactions of the Indiana State Medical Society, for 1857, we find the following Report of Dr. Parvin, of Indianapolis, which we think well worthy of giving in full:

Ophthalmic and Aural Pathology are connected by more than a conventional union. Analogies which obtain between light and sound, between the anatomy and physiology of the eye and the anatomy and physiology of the ear, have counterparts in the morbid conditions to which the organs of vision and hearing are subject. Another bond of union is found in the fact that disease of the one organ may be associated with disease of the other, or may be metastatic with reference to it; nor are these facts at all surprising *a priori*, when we remember the continuity of structure belonging to the mucous membrane of the eye and lids, and that which lines the eustachian tube and internal ear—and moreover, that this membrane is continuous with that of the alimentary canal, and thereby a wide range of sympathetic action must be established, that may evince itself in disorder not only of either of these organs of special sense, but of both together, or of both alternately.

The essential character of an eye or of an ear is an expansion of nervous matter, excitement of which by any cause produces the sensation of *light* in the case of the former, of *sound* in that of the latter. For the perfection of each, so that the one may be a complete optical instrument, the other a complete acoustic apparatus, certain subsidiary parts are essential; while Nature, with consummate wisdom provides for the protection of each by defenses of bone and sentinel nerves.

We have much oftener to treat maladies located in one or more of these subsidiary parts than those belonging to the true eye or ear. In St. Mark's Hospital, during a period of eight years, among 2,385 patients, there were but 114 cases of nervous deafness, while there were 553 of inflammation of the external meatus; in the Glasgow Eye Infirmary during the year 1851 there were, of 1,048 patients, but 45 registered as having amaurosis, 156 with pure conjunctivitis, and in at least three hundred more the conjunctiva was affected with one or more of the other tissues of the ball or of its appendages; in the Ophthalmic Hospital, at Canton, in the years 1850 and 1851, the entire number of patients being 3,759, diseases of the retina claimed but 165, while those of the conjunctiva had 1,356: and in the Royal London Ophthalmic Hospital, during a period of ten years, with 65,553

patients, the cases of amaurosis were but 4,865, and on the other hand conjunctival maladies numbered 35,193.

These statistics, taken at random from the records of various institutions, are introduced merely to present, in the most striking light, confirmation of the truth asserted—a truth which commands the immediate assent of every physician's knowledge and experience. This truth, however, does not diminish one tittle the demand for accurate diagnosis, and skillful and scientific treatment, when we reflect that diseases of the secondary tissues may invade the nerve substance itself, or in its direct consequences be as damaging to the functions of the organ as if it had. Corneitis may terminate in retinitis, while the purulent ophthalmia have caused vastly more cases of blindness than have diseases of the retina. Deafness is much oftener consequent upon some malady of the external meatus, or of the tympanal membrane, than of the auditory nerve.

In the investigation and in the treatment of diseases of the eye and of the ear, there are demanded not merely a thorough acquaintance with the anatomy of these organs and a cultivation of the intellectual faculties, but likewise an education of touch, sight, and of hearing, too, since auscultation is resorted to as a means of diagnosis in aural pathology, and great dexterity if not ambi-dexterity; nor should we omit from this catalogue of qualifications, an accurate knowledge of optics and acoustics. Those who in this department have made themselves famous as practitioners and authors, have done it by laborious investigation, by patient observation, by studying, not merely books, but actual diseases wherever found, and as often, and under as varied circumstances as possible; indeed much must be learned in it as men learn a *trade*—by careful and continued practice.

It is unfortunately true, especially in our Western country, that very many of the people are neither just to themselves nor just to our profession as it regards diseases of the eye or of the ear; and men in most respects intelligent, who when assailed by some general disease would shrink from the presence of a quack as from pollution and death, readily employ such a character when an ophthalmic or aural malady is to be relieved. If the people alone were to blame for the support given ignorant or designing quackery, we might leave them with sightless eyes, or with deaf ears, and empty pockets, to bemoan sorely their own folly, trusting that eventually there would be a reaction from this great evil, and they would learn that their truest friends and wisest counsellors in every physical malady were the members of the regular profession. But should we not ask ourselves, Have we cultivated these specialties as we ought? Have we educated

nati, introduced this instrument in London—Dr. Dixon using his instrument in the Royal Ophthalmic Hospital; and Dr. Williams' was among the first and most complete accounts of the ophthalmoscope, the method of using it, and the revelations made by it, published in the English language. The ophthalmoscope is now a *sine qua non* to every one who wishes to be completely prepared for the diagnosis of the various diseases of the eye. However beautiful in theory this exploration of the posterior segment of the ball, so that organic changes may be as accurately and fully known as if located in the cornea, may be, yet it must be confessed that in practice the ophthalmoscope is of more negative than positive value. Its use is prevented by several pathological conditions which may obtain in the anterior segment of the ball; and on the other hand, the evil consequences which may result from its application forbid a rash resort to it. "The chief value of the ophthalmoscope," according to Mr. Dixon, "seems to consist in enabling the surgeon to set aside, as positively hopeless, a large number of cases formerly termed *amaurotic*, or nervous, which were assumed to be still curable, because their real nature could not be demonstrated."

The method of sub-conjunctival section in operating for strabismus, proposed by Guerin several years since, is now meeting with considerable favor. Various forms have been given to the knife for cutting the tendon, while Mr. Critchett recommends blunt-pointed scissors. Just here we would remark, that the boldest plagiarism we ever met with in medical literature, has been recently perpetrated by either a man or a myth under the name, titles, etc., of "Thomas Graham, M. D., F. R. C. S., etc., etc., late of Sidney, Australia." The original article is by Mr. Critchett, and is published in the London Lancet, May, 1856; while the plagiarism is published as an *original* article in the second number of the North American Medico-Chirurgical Review, March, 1857. It is strange that Professors Gross and Richardson could be so imposed upon.

The majority of ophthalmologists still adhere to the nitrate of silver treatment in the purulent ophthalmia, although there is great diversity in the strength of the solution resorted to, some using but one grain of the salt to the fluid ounce of water, while the greater number prefer from two to six, or eight, or even ten grains.

We have in the purulent affections of the conjunctiva a perversion of the normal function of that tissue. We know that the laryngeal and tracheal mucous membrane, in a certain form of inflammation, instead of elaborating its normal secretion, proceeds up higher in the scale of vital actions and exudes lymph; in

like manner the degree of inflammation is such, combined with exposure to the atmosphere, that the conjunctiva produces a true purulent secretion—exudation corpuscles are converted into pus-globules. Now, in each of these morbid conditions the voice of intelligent experience declares unequivocally in favor of the efficacy of a solution of the nitrate of silver applied directly to the diseased surface; and possibly the philosophy of its action in each case is, that as an irritant or stimulant it induces a diseased condition inconsistent with that previously existing. It is not, however, all cases of conjunctivitis that should be treated with this remedy, but only those marked with decided purulent discharges. * * * * * * *

In the treatment of the diseased condition of the conjunctiva, generally of that portion belonging to the upper lid, commonly known as granular lids, or granular conjunctivitis, but which is really hypertrophy of the villous tissue, but little progress seems to have been made recently. As local applications to the morbid growth, escharotics are relied on by some, astringents by others, while most use both. The late Mr. Tyrrell, whose treatise on diseases of the eye can not be too highly praised, was the first to introduce the mild plan of treating this disease, after having signally failed with the heroic measures pursued by Saunders; and certainly Mr. Tyrrell's success, mainly with the liquor plumbi sub-acetatis as a local application, is much in its favor.

Mr. Dixon speaks favorably of sugar of lead finely powdered and carefully dusted over the diseased surface, completely coating it and filling up all interstices. Dr. Jacob applies the same remedy to the everted lid, but is careful to wash it off thoroughly. Mr. Dixon's mode of applying this remedy we believe to be palpably wrong. The treatment pursued by Jacob, along with other local remedies, such as sulphate of zinc and nitrate of silver in solution, conjoined with constitutional treatment, may sometimes be very beneficial; yet it must be confessed that the acetate of lead thus applied, often produces an alarming degree of inflammation, and we can not counsel this treatment. One of our number has recently found in several cases, as a first application to the granular surface, nitrate of copper of great advantage; it is less painful than the sulphate, and its results more satisfactory; it requires time and more numerous experiments to decide upon its value.

Among other new local remedies, the chloride of zinc, one grain to the fluid ounce, has the authority of Mr. Critchett; while Dr. Hays, in the last edition of Lawrence, recommends, in certain obstinate cases, a solution of iodide of zinc—a remedy which has recently received the commendation of two other distinguished

members of the profession, without according credit to Dr. Hays for its original suggestion—*per contra* the iodide of zinc has not proved satisfactory in Dr. Fenner's hands.

Dr. C. S. Fenner, of Memphis, Tennessee, highly eulogizes the *phytolacca decandra* as an internal remedy, in the treatment of granular lids. He writes, in the first number of the North American Medico-Chirurgical Review: "With the aid of this remedy, I have been enabled to effectually cure cases of granular conjunctiva that, without it, would have resisted all my efforts; indeed, with me it has proved almost a specific for the exacerbations attending this complaint. Patients under the influence of the *phytolacca* often expose themselves and take a severe cold without affecting the eyes in the least." Dr. Parry, of Indianapolis, some time before the publication of Dr. Fenner's paper, made use of the poke root in the case of a patient who had an attack of rheumatism while laboring under severe and obstinate conjunctivitis; in a short time the rheumatism yielded, and likewise the conjunctival inflammation, though this had previously resisted ordinary treatment.

Without constitutional treatment of some kind, we doubt whether any local means would alone effect a cure where there is a decided tendency to the production of large, spongy, bleeding granulations; nor do we believe that any of the various remedies resorted to approximate the character of a specific. Among constitutional remedies, we believe that tonics, especially quinine and iron, occupy the first rank.

A European physician has recently found great benefit in two cases of marked albugo, from the use of galvanism; he also found this remedy very useful in four cases of nervous palpebral palpitation. "In the first, persistent convulsive movements of the eye-lid, accompanied by great photophobia, had resisted other means. In the second, involuntary contraction, due to bad acquired habits, occurring in a girl ten years of age, were relieved. The third was another example of convulsive motion of the eye-lid, with photophobia; and the fourth was a case of ptosis."

Dr. Henry W. Williams, in a paper read before the Boston Society for Medical Observation, last August, and subsequently published in the Boston Medical and Surgical Journal, advocates the non-mercurial treatment of iritis, and adduces forty-eight cases, in the treatment of which no mercury was used, the result being uniformly favorable, except in four who had been injured by irregular practice. "The remedies mainly relied upon."—we quote from the Cincinnati Medical Observer—"were atropia, grains to the ounce, as a local application; iodide of potassium, quinine, opiates at night, and occasional leeches." The

quantity of atropia is extravagantly and unnecessarily large; indeed, a solution of that strength would be highly irritating, and moreover, its application might be followed by fatal consequences. No doubt the iodide of potassium is the great curative agent in the treatment pursued by Dr. Williams—this remedy and turpentine ranking next in efficacy to mercury in iritis. Notwithstanding the favorable results following Dr. Williams' plan in the cases he reports, yet the contra-indications to the use of mercury must be very decided, before we would risk a case of acute inflammation of so important a structure as the iris to such a treatment.

A few years since, Mr. Canton stated in the London Lancet, that the *arcus senilis*, often seen in cataractous patients, though not exclusively in such, was a fatty degeneration, "and in no instance was this condition observed without there being fatty degeneration of the heart." Here he seems to have rested his investigation, not examining whether the opacity which may invade the lens in the aged might not, sometimes at least, be similar in cause and character to that affection of the cornea, the connection of which with cardiac disease he so clearly demonstrated. In the April number of the British and Foreign Medico-Chirurgical Review, Mr. Jordan, Demonstrator of Anatomy at the Queen's College, Birmingham, adduces nineteen cases of cataract, every one having disease, more or less serious, of the heart; "and in several of the cases a fatty condition of the heart might be reasonably predicted." Microscopic examination of an extracted cataract "revealed fat globules in the nuclei of the delicate cells covering the surface of the crystalline lens, and here and there a few delicate plates of cholesterine." If the question, "May not cataract be the result of a process identical with or analagous to fatty degeneration?" asked by Mr. Jordan, be answered in the affirmative, much light will be thrown on one of the obscure points in ophthalmic pathology, for certainly the nature and causes of simple, uncomplicated cataract have hitherto been but very partially known. As to the relation between heart-disease and cataract, the writer would state that a few weeks since he operated for cataract upon a patient who presented decided evidences of disease of the heart. The patient—a female—was sixty-three years old, and had been remarkably healthy until within a few months, when she suffered from severe headaches, and attacks of fainting if she exerted herself much, or suddenly assumed an erect position, and her vision commenced failing in the right eye—the sight in the left was lost twenty years before from neglected iritis—a distinct *arcus senilis* marked each eye.

LANDOLFI'S METHOD OF TREATING CANCER.—The commission appointed by the Imperial Academy of Sciences, consisting of MM. Broca, Cazolis, Furnari, Manec Mounier, and Moissennet, have just reported most unfavorably upon M. Landolfi's method of treating cancer. According to the report there is nothing new in this method, and the caustic employed is only the caustic of M. Canquoin disguised by the addition of a coloring and strongly smelling substance, and rendered more unmanageable and less certain in its action by the addition. The report also condemns M. Landolfi's plan of attacking only small portions of the tumour at a time. Nor is there any thing of a practical character to recommend this plan; for of 9 cases of cancer of the breast, and 3 cases of cancroïd disease, which were treated by M. Landolfi at the Salpêtrière, under the eyes of the commissioners, the results were as follows: among the nine cases of cancer of the breast there were 2 deaths, 4 decided aggravations of the symptoms, and 3 cicatrizations with immediate *repullulation*—consequently no cure; and among the 3 cases of cancroïd diseases there was 1 in which cicatrization was followed by immediate *repullulation*, 1 in which the symptoms were so aggravated as to require amputation of a limb, and only 1 cure. In a word the report stigmatizes the plan under consideration as more painful and more uncertain than other modes of cauterization.—*Ranking's Abstract*, vol. xxiv., from *Gaz. Hebdom. de Med. et Chir.*, May 9, 1856.

ON A CASE OF VOMITING IN PREGNANCY.—By. M. BRIAU.—The conclusions arising from the following case are—1st, that unmanageable vomitings may be caused by the confinement of the gravid uterus in the hollow of the sacrum; and 2dly, that these vomitings may immediately cease upon the correction of this irregular condition. M. Briau mentions that several cases of the kind have occurred in the practice of M. Moreau.

CASE.—Madame X——, æt. 25, of lymphatic temperament, well formed and healthy. Six years ago she was confined of her first child, and every thing went on perfectly well. Three years afterward she was confined again, and on this occasion also she went on well, with the exception of some feelings of *malais* and vomiting during the first months. A few weeks afterward, however, she was greatly startled by an accident, and from this time she suffered more or less from leucorrhœal symptoms. Madame X—— again became pregnant in March, 1856. About the middle of the month following she began to vomit, and these vomitings progressively became more and more unmanageable, until nothing would remain on the stomach. Throughout the whole

month of May she was affected with severe gastralgia, with constipation and continual thirst. Then she began to suffer from frequent cramps and convulsive movements with sleeplessness and great depression of spirits.

M. Briau was called to the case on the 2d of May, and all the usual means were tried without success. Then an experiment in homœopathy was tried, and with the same result. M. Briau was recalled on the 2d of June, and on this occasion he suspected that the vomiting might depend upon some uterine displacement. He did this partly on account of the continuance of the leucorrhœal symptoms, and partly from the fact that the uterus could not be felt in the proper position. Two days later, M. Moreau was called in consultation, and an examination made, when it was found the uterus was in a state of incomplete retroversion, as well as in a state of incarceration in the hollow of the sacrum. This malposition was corrected without causing any pain to the patient, and immediately her former sufferings began to subside. On the same day the vomiting ceased, and some food remained on the stomach. On the night following she slept comfortably. In less than forty-eight hours the belly acquired the usual development belonging to the third month of pregnancy; and, in a word, the patient recovered rapidly, without another bad symptom.—*Ranking's Abstract* vol. xxiv., from *Gaz. Hebdom. de Med. et Chirurg.*,

CURE OF SYPHILIS WITHOUT MERCURY.—On a recent visit to the syphilitic ward of the Royal Free Hospital, where a number and variety of syphilitic disease are to be met with, especially of the secondary eruptions, we find they are treated by the administration of stomachic and tonic remedies and good diet, conjoined with the following formula, viz: Sulphur, one drachm; sulphuret of antimony and nitrate of potass., of each five grains; mixed into a powder, half of which is given night and morning, and persevered in till the eruption disappears, the health is improved, and a cure established. DR. MARSDEN has employed this mode of treatment for twenty-seven years, in thousands of cases, and he observes, that not one in a hundred instances has he known to return with constitutional symptoms. In the primary forms of syphilis he trusts to stomachics solely, with good diet. This is a very interesting and highly important fact in the treatment of syphilis. The cases of secondary eruptions under this plan of treatment, which we saw on the first of June, fairly spoke for themselves, as they were gradually dying away.

Lancet, June 27, 1857.

EMPLOYMENT OF TANNIN FOR CURE OF CHILBLAINS AND DISCHARGES FROM MUCOUS MEMBRANES.—Dr. Berthel recommends the following treatment of chilblains: One ounce of bruised oak-galls should be boiled for an hour in two pounds of water, and the fluid employed two or three times a day forms a most efficacious application. The same result is obtainable by means of a decoction of oak-bark, or by a solution of half an ounce of tannic acid in 3vj of water. If no ulcerations are present, we may also employ tincture of galls. Tannin as a hæmostatic and styptic, inducing no irritation or pain, is of the greatest service. In gleet urethral discharges, we may advantageously employ ℥j of tannin dissolved in 3iv of water, and combined with 3j of mucilage. The same mixture, taken by spoonfuls internally, is very useful in chronic diarrhœa and commencing dysentery. In certain forms of chronic bronchitis, the following formula has been of use, a spoonful being taken every second hour: Tannin, 4½ grains, ext. bellad. 1 grain, ext. cicutæ, 3 grains, infus. sen-næ 3 ounces, aq. fœniculi, syr. althææ, of each one ounce. Mix. Tannin is also a very useful remedy in menorrhagia, and leucorrhœa; but it requires to be taken in the pill form for months, and to prevent constipation it should be combined with aloes or rhubarb.

Med. Zeit., No. 48.

LOCAL APPLICATION OF CARBONIC ACID GAS IN CARCINOMA AND UTERINE NEURALGIA.—M. Monod states, that both himself and M. Demarquay have made repeated trials of this with great success in carcinoma uteri, and uterine neuralgia. They have extricated the gas by means of a common Briet's gazogene, and prolonging the application for thirty or sixty seconds: M. Broca has found the application useful in highly irritable bladder.

Gaz des Hop., No. CXXIX.

AMYLENE AND CHLOROFORM.—From what we see of the employment of amylene we are strongly impressed with its advantages over chloroform in some instances. Latterly its use has been resumed at King's College Hospital, by Dr. Snow. On the 30th of May, he gave the vapor in three cases—one of hare-lip, in an infant; one of amputation of the toe, in a young man; and one of excision of the knee joint. All were quickly placed under its influence, say in from two to three minutes, and it was easily kept up. We observe, also, that the smell is not so pungent as it was; it is not liked by some persons, but it is by no means disagreeable. In a case of partially contracted knee, in a young man under Mr. Partridge's care, the chloroform was given in preference to the amylene, on the 30th of May, so as to relax

the muscles in the effort made to forcibly straighten the limb. We saw a very striking instance of this wonderful property of chloroform, a few weeks back, at St. Bartholomew's, in a case of strangulated inguinal hernia, under Mr. Lloyd's care; it had resisted ice, the taxis and other applications, but was reduced without much trouble, simply under the use of chloroform, which not only produced relaxation of the muscles, but seemed in some way or other to render the seat of structure less tense. Now, in the cases of amylene inhalation, it is the rapid restoration of consciousness immediately on the cessation of inhalation, which gives it a very unmistakably decided advantage over its sister chloroform, which can not be lost sight of altogether. We have seen Dr. Snow use the amylene in several instances since the 30th of May.—*Lancet*, June 20, 1857.

PRIZES OF THE MASSACHUSETTS MEDICAL SOCIETY.—The Massachusetts Medical Society is authorized, by a donation from one of its members, to offer the sum of *one hundred dollars* for the best dissertation adjudged worthy of a prize on the following theme, viz: "To what affections of the lungs does bronchitis give origin?" The above is open to physicians of every country. The latest article on the relations of bronchitis to other diseases of the lungs was written by Dr. W. T. Gairdner, of Edinburgh, in 1850. A review of the paper can be found in the *British and Foreign Medico-Chirurgical Review* for April, 1853. Each dissertation should be designated by a motto, and accompanied by an envelop, superscribed with the motto, and containing the writer's name and address. The sealed packet, accompanying the successful dissertation, will be broken and the author's name announced at the annual meeting of the Society in May, 1858.

Dissertations for the above prize must be sent (post paid) to the Corresponding Secretary, Dr. Benj. E. Cotting, Roxbury, Mass., on or before April 15, 1858. Yours truly,

J. B. ALLEY, M. D. *Rec. Sec.*

SUPRA-RENAL CAPSULES.—Dr. A. Clark exhibited to the New York Pathological Society (Jan. 28, 1857) some small sections of the supra-renal capsules of a patient who had been under the care of Dr. Taylor, in whom it was thought that no disease of the capsules existed, at the post-mortem, notwithstanding that marked discoloration of the skin that Dr. Taylor had described in his paper on the subject. Dr. Taylor left a small piece for his examination. He began somewhat in the dark, inasmuch as he had never examined these organs microscopically. The capsules have an external investment, from which fibers penetrate into the

interior of the organ. The substance in the interior seems to be the proper organ. It is composed of a vast number of granular cells, in most of which there is a nucleus; the cells are of a large size, and some of them elongated; here there can be recognized a nucleus and nucleoli, but not in all of them. Between these cells is a moderate amount of fibrous tissue; the organ is most extraordinarily supplied with nerves. Where the nerves go, he can not tell, for the piece examined was too short. It seems to him that the nervous element is an important part. The arrangement of the cells is somewhat linear, though not strictly so; there being a certain amount of areolar tissue running between them; this, then, seems to be the structure. He found no opening in any of these cells, but the whole interior is lined with a countless number of extremely minute and slightly yellowish granules, the office of which, he supposes, can be found out when we find what is the office of similar cells in the thyroid glands and spleen. These cells seem to have no communication with each other. In the examination of a section of the supra-renal capsules in a person who died of tuberculous disease, this is the appearance; but in Dr. Taylor's specimen, there is a world of fatty matter; the cells are full of oil globules, like fatty degeneration in the liver and kidneys; almost all the cells are so laden with this fatty substance, either in the form of globules, or in a crystalline form, that they become opaque. There was also a great quantity of oil spread over the whole field; in other words he takes it to be a fatty degeneration; and so far from being free from disease, he regarded it as very heavily diseased, although its bulk is not increased. The fibers are increased, and it seems probable that there is a double degeneration; an increase in the fibrous element, and afterward a contraction to compensate for what would have been increased by addition of the oil. — *New York Journ. of Med.*, March, 1857.

PHYTOLACCA DECANDRA IN GRANULAR CONJUNCTIVA.—Dr. C. S. Fenner, of Memphis, Tenn., highly extols (*N. A. Med. Chirurg. Rev.*, January, 1857) the efficacy of the phytolacca in preventing relapses in inflammation of granular lids:

“Regarding,” he says, “these exacerbations, accompanied with circumorbital pain, soreness in the periosteum and scalp, as of rheumatic origin, about two years ago I was induced to give a trial to the phytolacca decandra or poke, from its well known efficacy in relieving rheumatic affections, and the result has far exceeded my most sanguine expectations. With the aid of this remedy, I have been able to effectually cure cases of granular conjunctiva, that without it would have resisted all my efforts:

indeed, with me it has proved almost a specific for the exacerbations attending this complaint. Patients fully under the influence of the phytolacca, often expose themselves and take a severe cold without effecting the eyes in the least. I make use of the root, and prescribe it either in the form of a very strong decoction, or tincture; the former I prefer as less liable to nauseate or act on the bowels. I direct a half peck of the root cut in small pieces, to be put into a kettle, to which is added four quarts of water, to be boiled down to one quart and strained. Of this a wineglassful may be taken every two or three hours. Some patients require more than others. The dose should be sufficient to produce a fulness of the temples and head a few minutes after it is taken, and patients soon learn to know the quantity required to produce this effect. Besides fulness of the head, it causes flushing of the face, and a general glow and perspiration over the entire surface of the body, often fulness of the stomach, and occasionally nausea. After having been used four or five days, it usually acts on the bowels, when an opiate should be administered as occasion may require, and the quantity of the decoction diminished for a time, to be increased, however, on every unfavorable change of the weather, or the slightest symptom of a relapse. I have not yet seen a severe recurrence of acute inflammation in this disease, where the patient was kept fully under the influence of the phytolacca. If there is ulceration of the cornea, or much opacity, I usually prescribe a pill composed of one grain of calomel and the fourth of a grain of opium, to be taken every night. I know of no remedy so efficacious in promoting absorption of lymph deposited in the texture of the cornea as mercury; either in the form of calomel or blue mass, or, if these remedies are found to act on the salivary glands, I use the corrosive chloride, combined with the compound syrup of sarsaparilla. The latter form of mercury rarely salivates; it may be continued for months, and is particularly adapted to strumous cases attended with severe photophobia. If the system has been much reduced, and is in an anæmic condition, the preparations of iron will be of service."

PHILADELPHIA HOSPITAL.—Many of our readers are aware that this hospital, located at Blockley, on the west bank of the Schuylkill, is the great eleemosynary institution of this city, accommodating annually many thousand inmates affected with all kinds of diseases and injuries to which "flesh is heir." At this moment it contains nearly 2500 persons, most of them in need of professional aid. The number of deaths is from 500 to 800 a year. We mention these data to show what immense advantages the establishment *might* afford if it were properly conducted, as a

theater for clinical teaching and the study of pathological anatomy. As originally organized, it had its regular medical and surgical staff; and for many years it was the great clinical school of the country. Men of great distinction, such as Jackson, Dunglison, Gibson, Horner, Mitchell, Morton, Harlan, Pancoast and Gerhard, were engaged in its service; and pupils flocked to it from all parts of the country to receive instruction in medicine, surgery and midwifery. Many of the resident physicians—nearly always young graduates—have since risen to usefulness and distinction, dispensing the blessings which they received from the opportunities they derived from their sojourn in the establishment. By and by, the spirit of caprice seized the Trustees of the Hospital, and all of a sudden, without any provocation whatever on their part, the medical and surgical attendants were dismissed in a body, and clinical instruction suspended. Subsequently, through the influence, chiefly, of a few determined and influential physicians, the old order of things was, in some degree, reinstated, with the difference, however, that the Superintendent, instead of being a layman, as he had been originally, was now a medical man, with permission to exercise, virtually, all the rights and privileges of a medical and surgical chief. The medical and surgical staffs were, in fact, mere subordinates, subject to the will and caprice of the Superintendent. They had, it is true, the right to prescribe and to operate, as well as to deliver clinical instruction; it often happened that the most grievous obstacles were thrown into their way, and their functions were, therefore, frequently merely of a nominal character. The number of students, meanwhile, was comparatively small; for, although the two staffs comprised a great amount of the most able and efficient *materiel*, yet it was quite impossible, under the circumstances, to make the teaching as attractive and useful as it had been under the old *regime*. Still, they were ready and willing to go on, inspired with a desire to do all they could for the benefit of the inmates of the establishment, the honor of the Philadelphia profession, and the good of medical science. The measure of their indignation was well-nigh full, when, two months ago, it completely overflowed, in consequence of the appointment to the office of Superintendent, of an individual, who, of all men in the country, was probably the most obnoxious to the Philadelphia profession. We allude to Dr. James McClintock. This man, the founder of a medical school in this city, and for many years a teacher of anatomy and surgery, here and elsewhere, abandoned the profession about 1853, became, as is well known, a public vender of a number of secret medicines bearing his name, and largely advertised in the newspaper press of the day. It was in

consequence of this step, that the American Medical Association, at their meeting at Detroit, in 1856, struck his name from the list of membership. Thus dishonored, first by his own act, and then by that of the most august medical tribunal of the country, Dr. Mc. Clintock was elected by the Guardians of the Poor of Philadelphia, who are all Trustees of the Philadelphia Hospital, to the office of Superintendent of one of the greatest charities in the world. The action of this body was, as might have been expected, immediately followed by the resignation of the medical and surgical staff, and of all the resident physicians save one. Dr. McClintock, we are still more sorry to say, was recommended for the post he now occupies, by one of the recently elected Vice-Presidents of the American Medical Association, by several Surgeons of the United States Navy, and by a number, happily, we believe, a small one, of practitioners of this city! We have, at present, no comments to offer respecting the conduct of these gentlemen, further than to express our deep regret that they should have so far forgotten what is due to their profession as to sign a testimonial in favor of Dr. McClintock as a candidate for so responsible and honorable a position. We are willing to believe that they were asleep when they affixed their sign-manual to the document, and that their personal feelings for an old friend got the better of their judgment. But while we would throw over them the mantle of charity, we must express, in the most unequivocal terms, our unqualified disapprobation of their proceedings. The motto of every right-thinking medical man should be, "My profession first, my friend next." Of the conduct of the Trustees of the Hospital we have nothing to say; an irresponsible political body, who have no just conception of the honor and dignity of the profession, or of the requirements of medical science, what else could have been expected of them? If Esau could sell his birth-right for a mess of pottage, there are men among them, medical men, too, we are told, who would not hesitate to sell the honor of the profession for an equally sensual consideration.

We have said more about this matter than we had at first intended. As public journalists, jealous of the honor and dignity of the profession, we have a duty to perform, and we should scorn ourselves if we could stand by, and see that profession wronged and abused in any manner, without expressing our sense of disapprobation at its aggressors. We will only add that the College of Physicians of Philadelphia, and the Philadelphia County Medical Society, whose honor has been so wantonly outraged in this transaction, should exert themselves in every possible way, to correct the evil here spoken of. We are satisfied that none but the most thorough and efficient measure will be of any avail. Are they ready to act in the matter?—*N. A. Medico-Chir. Review.*

ON THE USE OF PERCHLORIDE IRON AS A HÆMOSTATIC DURING OPERATIONS.—BY M. MAISONNEUVE.—A correspondent of this journal states that one of the principal elements of success in the difficult and dangerous operations M. Maisonneuve is famous for undertaking, is the remarkable use he makes of hæmostatics during their performance. He cites a recent case, occurring in a lad of sixteen, of fungous tumor of the dura mater, the growth of which, after having been temporarily arrested by ligature of the carotid, increased very rapidly, and was accompanied by exhausting hemorrhages. M. Maisonneuve determined upon its removal, but the tumor bled on the slightest contact, and the patient would not be able to bear the slightest loss of blood. The line of incision extended from the anterior parts of the ear to the summit of the head, and descending along the nose, was carried backward, and then upward to the base of the jaw, and its point of departure. A great number of arteries were thus divided, five or six of which by reason of their anastomotic enlargement, had acquired almost the size of the radial artery. Intelligent assistants immediately compressed them with the finger, but it was impossible to thus continue the dissection without exposing the patient to the danger of death from syncope. M. Maisonneuve therefore applied to each vessel a little pledget of charpie, soaked in perchloride of iron, which was allowed to attach itself to the wound. At every stroke of the bistoury or scissors he applied a new plug, so that during the operation the patient scarcely lost a spoonful of blood; and when the tumor had been entirely removed, the entire surface of the wound was found completely dried and tanned, and was at once dressed, without the necessity of the application of a single ligature. The brown eschar which covered the wound was detached about the twentieth day, without giving rise to any hemorrhage; and although the cure can scarcely be expected to prove radical, the patient for the present is perfectly well.—*Mon. des Hopitaux*, No. 24, 1856.

ON A MODE OF PREVENTING THE FEARS AND APPREHENSIONS CONNECTED WITH A SURGICAL OPERATION.—By M. DIDAY, formerly Senior Surgeon to the Venereal Hospital at Lyons. In one of a series of letters, in which medical topics are treated with great soundness of judgment, M. Diday has lately directed attention in the *Gazette Médicale de Lyons*, to a very kind mode of lessening the apprehensions of persons who have consented to submit to capital operations, and which mode has been put in practice at the Military Hospital of Bordeaux. When it has been settled that a limb is to come off, the precise day is left undecided, and the patient is allowed, if the case admits of it, to forget the painful circum-

stance. Some morning the house-surgeon, in going round, says to the poor man, "By-the-bye, as you are to be operated upon, you may as well get accustomed to the smell of chloroform, and learn to inhale it." Thereupon he applies the mouthpiece, lets the man quietly inhale the semi-lethal vapor, and allows complete anæsthesia to take place. The patient is then carried to the operating theatre, where every thing has been prepared beforehand, and every one is ready for his task. The operation is performed, and the poor sufferer wakes delighted that it is all over, and that he has been saved the pangs of trepidating expectation.—*Lancet*, 29th November, 1856.

TREATMENT OF ITCH.—Dr. Schubert states that he always treats itch, both in private and hospital practice, by soft soap and salt. Eight ounces of the former and four of the latter are dissolved in a quart of water, the patient being well rubbed with the warm solution night and morning. It is rather a painful application, but a cure results in three or four days, and often sooner, except in some inveterate cases, when some more days are required. The skin is afterward well cleansed in a bath, or with soap and water.—*Med. Times and Gaz.*, Dec. 27, 1856, from *Medicin. Zeitung*, No. 28.

OBITUARY MEMOIR OF DR. CALEB JONES, BY B. F. HURXTHAL, M. D., MASSILLON, OHIO.

Died, at his residence, in Massillon, on Monday, May 4th, at 9 o'clock, A. M., CALEB JONES, M. D., aged 43 years and 10 months.

Dr. Jones was the son of Catlit and Sarah Jones, who emigrated to Columbiana county, Ohio, about the beginning of the present century, when it was almost an unbroken wilderness. The father came from North Carolina, and the mother from Virginia. The former accompanied Colonel Daniel Boone in his first adventure in Kentucky. On the occasion of the capture of the daughter of Col. Boone and another distinguished lady by the Indians, Mr. Jones was one of the "twelve brave men," who volunteered and risked their lives to rescue these young ladies. He at one time received a severe wound in his arm while with Col. Boone, in guarding the "corn patch," which came near proving fatal. He was also an officer in the Revolutionary war. Afterward he became a Friend, and resolved "to beat his sword

into a plowshare and his spear into a pruning hook," and do battle only under the peaceful banner of the Gospel of Christ, which he did for many years as a minister in the Society which he joined.

From this brief account of his immediate ancestry, it will be seen that he descended from a stock that had done good service to the country.

Dr. Jones was born in the county of Columbiana, in this State, July 5. 1813. At the age of 28 he commenced the study of Medicine in the office of Drs. Robertson & Carey Hanover, Columbiana county. During the winter of 1841-2, he attended medical lectures at the Medical Institute of Louisville, Ky. On returning to Ohio in the Spring, he settled at Mt. Union, Stark county, and became the associate in practice of Dr. Joseph Shreve (the elder), with whom he remained connected until the Fall of 1843; the senior partner becoming afflicted with carcinoma of the under lip, was constrained to withdraw. Dr. Jones continued business alone, having firmly established himself in the confidence of the community in which he had located. In the winter of 1852-3 he attended the Cleveland Medical College; in the spring returned to his home, justly proud of the diploma that emanated from a Faculty that claimed a Delamater—an Ackley—a St. Johns. His subsequent life reflected back honor upon his Alma Mater. July 2, 1855, he became a citizen of this place, and engaged in the practice of his profession. His intercourse with the Brotherhood here was courteous and gentlemanly—in community he deported himself respectably and with dignity—in his death the profession has lost an honorable and worthy brother, the public a friend in the sad hour of physical suffering.

Shortly after his return from Kentucky (as I learn from his deeply bereaved lady), he had several attacks of acute pain in the region of the gall bladder, and attended with very distressing sinking spells. In July, 1853, while pursuing his professional curriculum at Cleveland, he had a very severe attack of what was then called typhoid fever, from which he slowly recovered. During the autumn of the following year, 1854, he suffered a similar attack, but not considered so severe, and at the time biliary calculi were first noticed in dejection. The peculiar points of each of these attacks was the (rapid prostration that ensued) extreme suffering of acute pain in the region of the gall bladder and the extreme prostration that rapidly ensued—the pulse becoming intermittent, small and thread-like. This intermittency of pulse was not confined to the periods of acute attacks, but was very often

present when the Dr. considered himself in his usual good health, which led him to obtain the opinions of several prominent medical gentlemen, among whom I have heard named Drs. Robertson, Delamater and Carey. The first two expressed themselves that organic lesions of the heart existed. Dr. Carey views it as functional only. Such were the convictions of Dr. Jones that he had serious mischief going on at the center of circulation—that he had prepared his family to expect his death at any and all times. During his residence here up to a period of about five months before his death, his health had been much better than for many years before. This, no doubt, may justly be attributed to this fact, that he was not required to expose himself to the trials and hardships of an active practice, having been comparatively but a new comer; and possessing naturally a very quiet, unassuming manner, his acquaintance was limited, even among the prominent business men of the place. About the close of 1856 he began to suffer pain about the region of the gall bladder, which invariably came on from two to four hours after each meal, the difference in time depending upon the character of the ingesta. Fruit, especially, was followed by the most excruciating pain—the blandest food gave rise to so much suffering, that Dr. Jones, although having a very good appetite was constrained to deny himself, taking food in sufficient quantities to support the functions of life. About the 15th of April he had several chills, believing from their paroxysmal character that he was having superadded to his digestive trouble, intermittent, he had recourse to Quinine, but without being able to prevent their recurrence—and from their prostrating influence he was compelled to take his bed and call upon his relative Dr. Shreve, to take charge of his case—during the first week of his confinement the fever continued, having two and sometimes three remissions and exacerbations in the 24 hours. Pulse usually 120 to 130—never below 100—intellect clear—bowels rather tardy, but responded readily to mild cathartics or injections of water. About the close of the first week Dr. Schertzer was invited to see the case and prescribed a pill containing $\frac{1}{2}$ gr. Nitrate of Silver, this was used a few days—nausea and vomiting occurring, it was attributed to the pills which were then discontinued—Sinking spells became frequent during the 2d week, at which time he would become almost pulseless—hands purple and shrunken and the surface bathed in a cold clammy sweat, from which he would gradually react—there was occasionally slight delirium—the pain about the Gall Bladder had measurably subsided, some tendency to Singultus which was very annoying—during the 3d week the above condi-

tions continued, the pulse now regular, now intermittent, always very frequent, becoming more feeble—surface most of the time bathed in a colliquative sweat—emaciation rapid—(3 days before his death he vomited a small quantity of viscid and extremely fetid matter, Dr. Shreve had not the opportunity to inspect this ejected fluid, it having been removed before his morning visit—at no other time was there a like substance thrown up, although Bile and Mucus were frequently ejected from the stomach) all tending to the final dissolution, that relieved him from all worldly suffering.

EXAMINATION.—Six hours after death the body (by direction of his lady) was examined in the presence of Drs. L. M. Whiting, Canton, Brenton of Dayton, A. Metz, Jno. and J. V. Shertzer, Dr. Shreve and Dr. Hurxthal—a median incision was made from the top of the Sternum to below the umbilicus, the upper portion dissected to expose the junction of the Costal Cartilages with the ribs, at which point they were separated and the whole turned up—the heart being removed and examined it was found normal—if any departure from a healthy state slightly atrophied—in raising the free edge of the Liver it was discovered that the Duodenum was adherent to it and for the purpose of a more critical examination it was removed from the body together with the stomach and Duodenum—(upon opening the stomach from the Cardiac extremity along the lesser curvature to the end of the Duodenum) and turning the liver upon its convex surface—the absence of the Gall Bladder was the first remarkable pathological condition noticed; so far as we were capable of observing there was not a vestige of that organ remaining, in its place a portion of the Duodenum about $2\frac{1}{2}$ to 3 inches in length by 2 in width was agglutinated to the surface of the liver, having a communication with that viscus by means of a perforating circular ulcer, with smooth rounded and slightly elevated edges, through which the Biliary secretion found its way into the intestinal tube—this portion of the Duodenum and that part of the liver to which it was attached had passed into a state of Gangrene. The right lobe of the Liver had several large sicular dilatations of what we suppose to be capillary Gall ducts, containing from 1 to 3 drachms of thin Bile of bright orange color with dark flocculi of inspissated bile—the left lobe was entirely free from them, as also Lobus quadratus; the general appearance of the convex surface with the exception of a slight palor was healthy—its peritoneal capsule smooth and shining. The stomach healthy except the mucous coat at the pyloric extremity appeared slightly thickened and congested. The other organs were not examined, as during life they gave no evidence of being in diseased condition.

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ORIGINAL COMMUNICATIONS.

ART. I.—*On the use of Aconite as a Therapeutic Agent.* By
EDWARD B. STEVENS, M. D., Cincinnati.

I WISH to give the readers of this Journal my experience with the use of *aconite* as a remedy; especially as I find, in conversation with my medical friends, that very many of them do not avail themselves of an agent, that, with me, has proved very efficient and satisfactory.

The *aconitum napellus* (monkshood—wolfsbane) is represented by writers, with great uniformity, to rank among our most active poisons; thus, in the article on *aconite*, in Wharton & Stille's Medical Jurisprudence: "The leaves and root of the *aconitum napellus* contain one of the most extraordinary and speedy poisons known; and fatal mistakes are recorded from small portions of the leaves or root having been eaten by mistake. Writers also describe the root, seeds, and leaves of the plant as possessing "a hot, acrid taste, giving rise to a burning sensation in the fauces, numbness and tingling in the limbs, swelling and pain in the abdomen, vomiting and purging, accompanied by giddiness, delirium, dimness of sight, and other symptoms indicative of cerebral affection;" and even when simply applied to the cutaneous surface, it is said to produce at first a feeling of

heat, which is followed by prickling or tingling sensations, with numbness.

Although I have directed the use of aconite with comparative frequency, I have not in any case observed such strongly marked manifestations of its therapeutic effect as those which are thus attributed to it; and I am satisfied that, administered *medicinally*, these are exaggerated descriptions of its effects.

Another quality attributed to aconite is, that while consciousness may be in no degree impaired, both general and special sensibility will be greatly diminished. Thus, Pereira relates, that under the influence of a full dose, a dog would wag his tail when noticed by his master, and endeavor to follow him around the room, though quite insensible to pinching, or the pricking of a needle.

With such very positive effects upon the nervous system, we should naturally expect this remedy would find a prominent place in the treatment of a large class of neuralgic affections, and diseases of a kindred character. It is, however, somewhat singular, that Baron Storck, who first brought aconite into special notice as a remedy, about one hundred years since, more particularly recommended it in scrofula, dropsy, phthisis, and cancer; and having enjoyed a brief but of course fictitious reputation, for the cure of these formidable diseases, it passed for a time almost entirely out of notice again.

I have found good results from the use of aconite, in almost the entire range of neuralgic affections, and in those obscure complications of rheumatism and neuralgia in which there is freedom from local or constitutional trouble, independent of the nervous derangement; but more particularly in such cases as are usually styled pure neuralgia, I have frequently had results almost as prompt and satisfactory as were recently attributed to valerianate of ammonia.

Something more than a year ago, a lady called upon me for advice, for a severe neuralgia of the face and head. From the history of the case, I supposed it to be a result of previous attacks of miasmatic disease, and accordingly pre-

cribed quinine, which relieved her temporarily, but every few weeks she would have a relapse, and for several days at a time suffer excruciatingly. In addition to the quinine, quite a variety of customary treatment was resorted to, until in November I directed the following prescription, after she had suffered a week, and had tried without avail all the remedies that hitherto had given temporary relief:

R. Tinct. Aconite *Root*, ʒi.,
Tinct. Cimicifuga, ʒij.

Sig.—To take a teaspoonful every 4 hours.

My patient took three doses, when she was promptly and entirely relieved; and, what is better, she has scarcely felt a neuralgic twinge since, now about ten months.

In another case, a friend had for a long time suffered a peculiar form of neuralgia, or neuralgic rheumatism in the arm, which seemed to yield to no remedy, even temporarily. I suggested the aconite. The result was equally prompt with that of the case I have just given. I might multiply these satisfactory examples to considerable extent.

The formula given above is the one I most frequently use in administering the aconite to adults. It will be observed that, given in that way, each dose would be equivalent to about 4 drops of the tincture (except that tinct. aconite gives something more than 60 drops to the drachm); and in that dose I have never seen any effects sufficiently marked or violent to occasion alarm. It will also be observed, that the tinct. of the *root* is directed. The U. S. Dispensatory recognizes two officinal tinctures: of the *leaves* and of the *root*. I prefer the tinct. of the *root*, as of greater efficiency, and more reliable as to uniformity of effect. The tinct. cimicifuga is intended chiefly as a vehicle, but selected with the view to its contributing to the special effect of the aconite.

I have not tried the aconite in acute rheumatism, but in the chronic rheumatic pains, particularly such as aged people complain of, I have seen very excellent effects. Neither have I used it much locally, though with many, even those who do not use it internally, it is a favorite topical application.

There is a form of neuralgia, associated with uterine derangement, which I have frequently met with, coming up sometimes in connection with the catamenial period, or immediately subsequent to it, in which there is pain through the hips, sacrum, and uterine region. Sometimes I have seen this group of symptoms succeed abortion. I remember a case of this kind, where the local distress I have just alluded to remained very troublesome for several weeks, while much of the time there was almost uninterrupted sleeplessness, despite the free use of opiates. The tinct. aconite root, given through the afternoon and evening, relieved the neuralgic pain, and secured a sweet and refreshing sleep through the night.

I have no explanation to give of the *manner* in which aconite acts therapeutically. I offer the suggestion, however, that its action is directly upon the nervous tissue itself. If this be correct, we should find in some sort a key to the irregular action of remedies in neuralgic affections, and some explanation of the fact, that a remedy gives prompt relief in one group of neuralgic cases, while it is apparently void of all effect in a group apparently similar.

These suggestions as to the use of aconite are not given as by any means original, but simply as confirmatory of old known, but not *practically* known truths. The query is naturally suggested, are there not many other active agents sleeping on our shelves, which, if called into service, would materially contribute to the comfort of our patients, and to our own self-satisfaction. Will not, for example, some patient investigator demonstrate that the gungha, or cannabis indica, is a valuable agent, administered *medicinally*, for something more admirable than the unearthly intoxication which is its peculiar manifestation.



WHOEVER courts the favor of the vicious, hangs a millstone about the neck of his own fame. A fault in morals is a fault in art.—*Moffat's Æsthetics*.

ART. II.—*Obstinate Constipation, Death, and Autopsy*. By THEOPHILUS PARVIN, M. D., Indianapolis, Ind.

ON the 17th of January of the present year, I was called to Mrs. N—, *æt.* 25, a native of Scotland, some three years a resident of this country, and nursing an infant eleven months old. My patient was suffering from paroxysms of pains, referred mainly to the right lumbar and hypochondriac regions, and to the umbilical regions; in fact, marking the course of the ascending and transverse colon, with some pain in the “small of the back,” attended with great irritability of the stomach and constipation. Mild laxatives, with anodynes, furnished temporary relief; and for the few weeks during which I was in occasional attendance, this was almost the only treatment resorted to except counter-irritation over the seat of pain, and likewise over the stomach. Thinking that the constipation and nausea might be ascribed to pregnancy more readily than to any other cause, I ventured the opinion that this was the principal source of her troubles. She had menstruated but once since her confinement—the menstruation occurring about six months before this—and she was very unwilling to believe that she could be *enciente* while she was still nursing.

In the latter part of February, I believe, the husband of the patient not finding me, his wife suffering severely from one of her usual attacks, called in one of those practitioners who can see nothing in a sick woman, whether virgin or matron, but a diseased womb, and who know no treatment but cauterization, always armed by day or by night with a uterine speculum and a *porte-caustique*. Of course there was no difficulty in the diagnosis, no hesitation in suggesting the infallible remedy. The positiveness of the doctor's assertions finally induced the patient to consent. Let me incidentally mention that she was the daughter of an officer in the British Army, an educated and refined woman. “As many times as cats are reported to have lives”—or if this be not classic, thrice as often as Hector's lifeless body was dragged around Trojan Walls—did our modest, unmarried

hero introduce his speculum and assail with nitrate of silver the cervix uteri innocent of inflammation, innocent of ulceration, innocent of all disease, but engorged and enlarged by pregnancy. At this time *quickenings* occurred, and the patient not having been benefited at all by the uterine cauterizations, and thinking with her husband that a persistence in the treatment would be useless at best and hazardous, the physician was discharged in spite of his protestations that pregnancy (a condition which he had never hinted, nor do I suppose suspected), made no difference as to the use of his remedy, the disease of the womb still existed, and the treatment ought to be continued.* About the middle of June I was applied to to attend Mrs. N—, in her approaching confinement. She was confined on the Fourth of July, the child being a female, much smaller than the first, but still apparently healthy. The interval between my previous and present attendance was about five months, and I was forcibly struck with the change that had occurred in her as to complexion, flesh and spirits; for from having been rather ruddy, fleshy and comparatively light-hearted, she had become somewhat thin, pale, gloomy and anxious. She told me that she had all the while continued to suffer after the discharge of the “womb-burner,” but had “doctored” herself with castor oil, Seidlitz powders and laudanum internally, sinapisms or hot whisky and laudanum externally, cherishing some hope that the termination of pregnancy would do more for her than doctors had. For two or three weeks after her delivery she seemed somewhat better, then her old sufferings returned, and again she was relieved by laxatives and anodynes. By way of interjection it may here be mentioned that frequently in her attacks large collections of hardened scybala were hitherto found in her evacuations, and that copious injections of warm water had been one of the means most frequently resorted to for her relief. About this time it was first observed that the feces were stained

* I have since been informed by my patient's husband, that the physician laughed at the idea of her being pregnant, strong presumptive evidence at least that he mistook the condition of the cervix uteri, resulting from pregnancy, for disease.

occasionally with a little bloody mucus, a condition which I was then inclined to attribute to the irritation produced by the hardened accumulations in the rectum.

On the 18th of August my patient was again attacked. The frequent recurrence and severity of these attacks, taken in connection with some of the symptoms, led me to think that possibly organic disease existed in some portion of the large intestine, or that some tumor exterior to it interfered with the due performance of its function, and my friend and partner, Dr. John M. Kitchen, visited the case with me. We could not, however, after a careful examination of her present symptoms and her past history, satisfy our minds of the existence of any thing more than great torpor of the colon; we could not ascertain that any of her relatives had died of malignant disease, nor could we detect any tumor,—organic disease might be there, but we could not determine its presence. Again she was relieved, however, but not without a resort to some of the more active cathartics, and enemata; the injections were administered by means of a gum elastic tube introduced some thirteen inches up the gut,—injections as ordinarily administered having failed in producing an evacuation. The husband saying that it was not necessary to return, his wife being so much better, I did not see her again until the 25th of August, Dr. Kitchen visiting her then with me. We found her worse than she had been previously, no evacuation since the 20th, severe paroxysmal pain in the abdomen, great irritability of the stomach, restlessness, a somewhat excited pulse, but still no fever. The milder, and then some of the more active cathartics, injections, at first simply of large quantities of warm water, and then containing various stimulating ingredients, the warm bath, cold water poured upon the abdomen, and then large doses of the sulphate of morphia, and the inhalation of chloroform were severally, and some conjointly, resorted to. The only result, however, so far as the condition of the bowels were concerned, was to produce two very small, thin evacuations, the last of which contained about a tablespoonful of sanious puruloid matter; some

slight relief followed then, but it was very slight, and it continued but a little time. Meantime the patient's condition was becoming worse,—the stomach more irritable, no appetite, the paroxysms of pain severer and more frequently recurring, and the abdomen tympanitic. On Friday, the 28th, Dr. Parry, one of the most eminent of the physicians and surgeons in our State, was called in consultation. By his advice, large doses of calomel and rhubarb were administered, alternated every three hours, with infusion of senna; injections of this also being given at like intervals. Of the medicines administered by the mouth much was rejected; but neither that which was retained nor the enematae produced the least effect. Dr. Parry next advised pills of aloes, calomel and tartar emetic, of which the stomach seemed, comparatively quite tolerant; a continuance of these every two hours, for twenty-four hours, failed to produce an evacuation. Our efforts were now exclusively directed to the mitigation of the patient's sufferings, and the support of her strength. Chloroform by inhalation met the first indication most satisfactorily, but the stomach becoming less and less tolerant even of the blandest fluids, nutritious enematae were had recourse to. On Sunday some disposition to coma became manifest; stercoraceous vomiting, increase of the abdominal distension, the patient lying almost altogether upon her right side with her limbs drawn up, the pulse becoming more frequent and feeble; these were the most striking symptoms then presented. The distension could be traced in the ascending and in part of the transverse colon, irregular prominences being presented while occasional movements of, and distinct rumblings in the course of the bowel, indicated the effort being made to respond to the stimuli administered. On Monday morning we were surprised to find that the tympanitis was much less, the other symptoms, however, were worse. The coma was much increased, the patient seldom rousing up, save at the recurrence of the paroxysms of pain, when she would scream with agony and beg for chloroform. Upon that evening the tympanitic state commenced increasing, and was soon greater than it

had been at any time previously. Our patient lived until eleven o'clock on Tuesday morning. An examination of the body was made in the evening at six o'clock. This was not as complete as we desired, owing to the unwillingness of Mr. N—, to have any thing more than the causes of death, if possible, detected, and the condition of the womb ascertained. Doctors Parry and Kitchen were present, and assisted at the *post-mortem*. The peritoneum gave evidence of recent inflammation, the entire ascending and part of the transverse colon were enormously distended, and large inflamed patches were scattered over their internal surface; and commencing a little beyond the middle of the arch of the colon and extending nearly to the splenic flexure we found the intestine thickened, hardened, in fact *scirrhus*,—the disease seemed an infiltration of the sub-mucous tissue, involving this with the muscular coat of the bowel, and presenting upon parts of the mucous coat ulcerated surfaces; about the middle of the diseased mass a stricture existed, the diameter of the tube being no larger than a goose quill, and perforation had occurred, the ulcer being about one-sixth of an inch in diameter, with partial escape of the contents of the bowels; at either end the morbid growth terminated very irregularly. It is needless to add that the uterus was perfectly healthy.

A few days prior to the death of our patient an older sister, called here by her illness from a distant part of the State, informed us that their grandmother had died of cancer. Taking this fact in connection with all the symptoms of the case, we had arrived at only a probable conclusion as to the nature of the obstinate obstruction—a conclusion which was verified by the *post-mortem* examination. Of course had we known the nature of the trouble, it would have been advisable to have abstained altogether from the administration of irritant cathartics, as doubtless the patient's sufferings were thereby aggravated, and no good accomplished.

Whatever may be the value of cauterizing the neck of the womb in certain cases, there is no question but that the practice has been outrageously abused, for while some few

may resort to this treatment wisely and well, one-idea men and men of low morals and prurient imaginations, have done more harm both to the moral and physical condition of their patients than good, and it is time that this vicious fashion should be checked. (These remarks are made without special reference to the case I have detailed, wherein cancer of the bowels was treated by cauterizing the womb). When such high authorities as Rigby and Lee are demonstrating the evils and the senselessness of this treatment, and even Tilt, though sometimes resorting to it, points out its dangers and oft-times evil results, seeking to inculcate a wiser pathology and treatment of diseases peculiar to females, we should be very certain of the inevitable necessity for the step before resorting to uterine speculum and caustic. Indeed, we feel like adapting to our own country the language of one of the foremost men in our profession in England, wherein, after stating that the speculum emanated from the syphilitic wards of the Hospitals at Paris, he declares "*It would have been better for the women of England had its use been confined to those institutions.*"

ART. III.—*On the Treatment of Pannus by Inoculation.* By E. WILLIAMS, M. D., Cincinnati.

IN the August number of the *Observer* will be found the details of a case of intractable *pannus*, which I treated successfully by *inoculation*.

Dr. F. Jaeger, of Vienna, in the year 1812, first proposed this plan of treatment, and resorted to it with the happiest effects in a large number of instances.

Piringer, of Gratz, followed his example, and was successful in nearly all the patients upon whom he tried it. The practice, however, met with much opposition, but chiefly, if not entirely, upon the part of those who had neither applied it nor seen it applied. Those writers who did not think the subject too revolting to be alluded to at all, only spoke of it with feelings of repugnance and condemnation. The conse-

quence was that the treatment fell into general neglect for a great many years. Isolated cases, it is true, were reported from time to time by different practitioners on various parts of the Continent and in England; but inoculation has never come into favor with more than a few members of the profession. Some 15 or 20 years ago, however, Drs. Hairion and Van Roosbrock, in Belgium, experimented with it upon a large scale, and with almost uniformly favorable results. Dr. Arthur Stout, of New York, published a memoir in 1842, entitled, "*The Contagion of Ophthalmo-Blenorrhoea, and the treatment of Pannus by Inoculation*," but, so far as I know, the practice has very seldom been resorted to in the United States. Dr. Warlamont has given a very interesting analysis in the *Annales d'Oculistique*, for January, 1855, of thirty cases of inoculation, in which the results were very remarkable. While in Brussels, in 1854, M. Warlomont had the kindness to show me several of the patients whose history he has reported; and I can testify to the fine success which he has given. Encouraged by the extraordinary effects that he has derived from this plan, Ophthalmologists are beginning to have recourse to it much more frequently than formerly; and it will certainly assume, ere long, a very high rank among our therapeutic agents.

While I would not advise a reckless resort to so powerful a remedy, still I believe that the profession is generally too timid in regard to it, and that many cases are given up as incurable, which might be greatly benefited, if not entirely relieved by it. I hope the report I have given will contribute something in bringing so valuable a resource into more general favor. Every one who has had much to do with *granulations* and severe forms of *pannus*, knows the sad insufficiency of all other therapeutic agents in the treatment of that affection. They are always tedious, and often fail altogether. Inoculation is more prompt and certain in its effects, where it is applicable, than any thing else which we can command, and the danger of it has, I think, been much exaggerated. Desmarres even, who has had numerous evidences in his own practice and in that of others, of the

efficacy of the method by inoculation, says, in speaking of it: "It is necessary to add that the inoculation of so terrible a malady as gonorrheal ophthalmia should not be tried, even in the most hopeless cases, except with the most extreme reserve, and only when all other means have failed."

As to the *indications* for a resort to this treatment they are few and quite simple.

The first reason for inoculating a patient is that you have tried every thing else and failed to cure him. After a fair experiment with the other agents recommended, if you fail to effect a cure, then you are certainly justifiable in essaying a measure that has rendered such signal services under similar circumstances. I say after a *fair trial*, because I do not believe in waiting till the eyes are destroyed, or the cornea so far disorganized that a cure is next to impossible. The sooner the remedy is applied, all things being favorable, the more likely are we to have a satisfactory issue. Patients may be cured in six weeks by inoculation who would suffer for years and perhaps never recover under the ordinary treatment.

The more advanced the pannus, by which I mean the more completely the cornea is covered with vessels and exudation, the less danger is there in the treatment, and the greater the probability of success. If the vasculo-membranous layer covers the entire cornea, and is so thick that the pupil can scarcely be seen if at all; then there is very little risk in the procedure, and you are almost sure to restore the patient's sight, provided the true substance of the cornea is not the seat of an incurable leucoma. This is just the reverse of what is true in the use of other remedies which are most likely to do good when the pannus is partial, and the cornea transparent in most of its extent.

If the pannus is only *partial*, some parts of the cornea remaining clear, or if it is *general*, but so *thin* that clear spaces are left between the vessels, through which the pupil is *distinctly visible*, then there is more danger to be apprehended from the application of the virus. The thick pathological coating formed by the pannus protects the tissue of

the cornea from the violence of the inflammation produced by the matter, and wherever such a protection does not exist, softening and sloughing, or ulceration, are liable to occur.

But my impression is, from what I have observed, that undue importance has been attached to the contra-indication afforded by the partial transparency of the cornea, for in one of my patient's eyes there were several portions of the organ that were merely slightly hazy, and traversed only here and there by minute vessels. At several points the pupil could be distinctly seen, and yet I allowed the inflammation to go on uninfluenced by treatment, and yet the cornea did not suffer the slightest injury. The great danger from gonorrheal conjunctivitis, where it attacks a previously healthy eye, is sloughing of the cornea from the violence of the inflammatory reaction, and more especially, perhaps, from the strangulation caused by the pressure of the chemosis. Now, where there is a panniform condition of that organ, aside from the mere protection afforded by the new formation, it is much less likely to slough because it is nourished by the new vessels and the circulation in it is not so easily cut off by the swelling. For the same reason you will seldom see sloughing of the cornea to a large extent after it has become vascularized in acute keratitis. If, then, we have a case of granulations, with even a moderate number of vessels scattered over the cornea, and where the pupil is visible through nearly every part of it, I think there is no very great liability to ulceration—especially if the case is carefully watched and the inflammation suddenly cut short on the first unfavorable symptom, as it may almost certainly be by the energetic application of nitrate of silver. It is a rare thing that a well-informed ophthalmologist loses an eye affected with gonorrheal ophthalmia, if he sees it and treats it from the very commencement. Why, then, should we not be able to control one artificially produced in an eye protected by a previous development of vessels? But experience alone can settle this question.

The existence of ulceration of the cornea has also been

set down as a contra-indication to inoculation. If the ulcer is large or deep, and in a state of progress, with ragged edges, pain, etc., it would certainly be foolhardy to introduce the virus. But if it is chronic and superficial, it should not positively forbid the treatment. Dr. Van Weesemael has published an account recently in the *Annales d'Oculistique*, of a patient with a chronic ulcer on each cornea with pannus, which he treated with perfect success by inoculation. The ulcers healed as soon as the reaction began to abate.

The *pus* used for the purpose may be taken indifferently from *ophthalmia neonatorum*, from purulent conjunctivitis, or from the urethra in gonorrhea. Jaeger and Piringer used the matter from *ophthalmia neonatorum*, but Van Roosbrock, Warlomont, and others, take the *pus* from any of the sources mentioned, as is most convenient. In my patient I introduced a drop of pus taken from the urethra in an acute attack of gonorrhea. In some instances you will have a most violent reaction after introducing a little secretion from a very mild case of purulent conjunctivitis—while in others the pus of acute gonorrhea will produce nothing more than moderate inflammation. I believe that the degree of inflammation produced depends more upon the condition of the eye inoculated and the peculiar temperament or susceptibility of the patient, than upon the kind of matter used. In some of Warlomont's patients the matter of severe gonorrhea failed to excite any inflammation—and yet a drop of pus from the inflamed eye of an infant, with slight conjunctivitis, caused the most intense symptoms. Still it is reasonable to suppose that, other things being equal, the secretion drawn from virulent gonorrhea would cause more severe inflammation than that collected from a slight case of purulent conjunctivitis. I inoculated the first eye of my patient with gonorrheal pus, and had a most violent reaction. After three weeks the matter was carried accidentally from that eye to the other, and gave rise to symptoms not half so severe as the first. This may have been a mere accident, but it seems to indicate that the virus was much modified by passing through the first eye.

The best method of introducing the matter is by collecting it on a camels' hair pencil, or in a quill, and introducing it before it dries, between the inferior lid and the globe of the eye, by simply depressing the former with the finger. The quantity used has very little influence upon the effect. It does not lose its efficacy, however, by being kept a day or so between two plates of glass, and then moistened and applied, but the fresh matter is much more certain to act. If it fail the first time it can be repeated, till the necessary inflammation is excited. Should the disease relapse after one inoculation, it may be repeated as often as necessary.

In the condition of xerosis, or complete dryness of the eye, from disorganization of the conjunctiva, produced either by the disease or the long use of severe caustics, it is very difficult, and often quite impossible to inoculate the eye. The result, too, in such extreme cases, is not generally very good, but still it is worth trying. If it can not be made to *take* any other way, the conjunctiva may be scarified before the matter is inserted.

As to the symptoms which follow inoculation, they are the same as those of gonorrheal or purulent conjunctivitis, with which every physician of much experience is familiar. It is a mistake, I think, to say, as some authors do, that the symptoms after inoculation for pannus, are less violent than in an eye previously healthy. They are equally severe, but the effects are not so destructive, for reasons mentioned before. The course of the affection is generally so nearly the same as that described in my case formerly published, that it is useless to speak further on that point. Suffice it to say, that the period of incubation, if such it may be called, varies between 6 and 72 hours. The time that *ordinarily intervenes* between the application of the virus and the eruption of the disease is from 18 to 24 hours. The affection usually reaches its acme in from three to four days, if not meddled with by treatment, and then begins to subside. The whole duration of the *cure* by inoculation lasts from three to eight weeks.

The treatment of the disease thus voluntarily excited, should be neutral, as long as there is no symptom of

destructive ulceration of the cornea. If it is arrested too suddenly it will not cure the pannus, while, if allowed to run too high, as it sometimes will, the eye may be destroyed. M. Warlomont confines himself to simple ablutions of the eye with tepid water frequently repeated, and anodynes internally, unless there arises a *severe pain in the globe of the eye*, which he looks upon as a pretty sure proof that the cornea is beginning to ulcerate. If this occurs he resorts at once to cauterization of the whole conjunctiva, with a strong solution of nitrate of silver, or even the solid stick, and afterward instills a solution of one grain of the salt to an ounce of water into the eye every half hour or oftener, till the pain abates.

The question is sometimes asked whether it is better to inoculate both eyes at once, or to take one at a time. If both are affected with pannus, it is certainly best to inoculate them at the same time. If you wait till one is well before the other is touched, it protracts the treatment very much, and the cured eye is liable to be re-attacked by an accidental introduction of matter from the second one. This actually happened once to M. Warlomont. If only one eye is covered with pannus and the other is well, should we venture to inoculate? I should say yes, but the well organ should be closed with cotton and collodion till the other has ceased to suppurate. It requires very great care and watchfulness to prevent the communication of the disease to the other eye, but it can be done. I kept one of my patients' eyes closed three weeks, and it did not become infected till I removed the dressing. Should one wait till the *granulations* are reduced before resorting to inoculation? Certainly not. *The remedy never fails to cure the granulations*, as well as the pannus. In my patient they were enormous, and yet in six weeks scarce a trace of them was left.

TRUTH, to be beautiful, needs only to be set in clear light, or, in other words, the view of it entirely freed from obstruction.

**ART. IV.—*Hæmatemesis: A Case.* By A. P. DUTCHER, M. D.,
Enon Valley, Pa.**

THERE are few maladies which affect mankind, the treatment of which has been so empirical as that of *Hæmatemesis*. Scarcely any two physicians agree in their plan of treatment. One places his reliance chiefly on astringents, another on purgatives, and a third on bleeding and counter-irritants. Each of these modes may, unquestionably, have their advantages in particular cases, but to apply any one of them indiscriminately to all cases, betrays a want of therapeutical skill which is, in our opinion, unpardonable. We know, from pathological research, that vomiting of blood may arise from various causes. It may be vicarious, as in the case of females where the menstrual flux is suppressed; it may be accidental, as from ulceration and rupture of a blood-vessel; or it may be caused by mechanical obstruction to the circulation, either in the liver, spleen, heart or lungs; or, lastly, it may be caused by chronic or acute gastritis, in which there is sometimes a copious secretion of blood from the mucous surface of the stomach. Now to give astringents in this latter case would not only be useless, but, under some circumstances, would be productive of the greatest injury. Antiphlogistic measures would here be indicated, such as bleeding, leeching and blistering, with iced-lemonade, and cold water. In those cases where it is vicarious, and proceeds from various obstructions of the liver, spleen, etc., experience has proved that the exhibition of purgatives, continued in a slow and prudent manner, is more effectual than any other plan of management. But in those cases of *hæmatemesis*, which arise from the rupture of a blood-vessel, there is no necessity for evacuation in any form; the immediate exhibition of astringents is imperatively called for, as the following case will amply prove.

October 24, 1856. Called this morning to see Mr. T. B., aged 35. Nervo-sanguineous temperament. Employed as a switch-tender on the Ohio and Pennsylvania Railroad at Enon station. When I entered his room, I found him lying

in bed, cold and almost insensible—apparently recovering from a state of syncope. His pulse was quite feeble, and his respiration hurried.

HISTORY.—I learned from his wife, that about 12 o'clock on yesterday, he came home complaining of pain, and a disagreeable sense of fullness in the stomach. After dinner he returned to his work, but was not gone more than an hour when he came home quite faint, and told her that he had vomited a pint or more of blood. He went to bed and laid an hour, when he arose and returned to his work. When he came home in the evening, he still complained of pain and fullness in the stomach. At night, on retiring to rest, he took some cathartic pills, which, in the morning, produced several copious evacuations from the bowels, consisting of feces, clots of blood, and a dirty-red fluid. A few moments before my arrival, he had vomited about a pint of pure arterial blood, which, after standing a few minutes, had formed quite a firm coagula. Having prescribed means to produce reaction, such as heat to the extremities and sinapisms to the wrists and epigastrium, I left, with the promise that I would return in two hours, and make a more full examination of the case.

When I returned, I found my patient much improved; his pulse was much stronger, his respirations not so rapid and more regular,—skin moist and warm, tongue pale and slightly furred. The abdomen is quite soft and flabby—no tenderness on pressure. On percussion and auscultation the organs of the chest appear healthy, excepting the heart. The BELLOWS SOUND is very marked, indicating valvular derangement. This is an old difficulty, originating from *rheumatic carditis*, which he had several years since, and was under treatment with it for more than a year in one of the English hospitals. The liver and spleen also appear healthy. From some inquiries in relation to his general health and manner of living, I learned, that for three or four years, he had been troubled with indigestion, frequently having pain and cramp in the stomach, and, for the purpose of obtaining relief from these disagreeable symptoms, he had taken a

great variety of drugs, and a host of quack medicines. But obtaining no permanent benefit from them, he had, during the last six months, laid them all aside, and as a means of temporary relief, had taken brandy and capsicum. He informed me that he had taken as high as a *tablespoonful of capsicum*, three times a day after his usual meals, for several days in succession. He attributes his present difficulty to lifting very hard, a few hours before it came on.

DIAGNOSIS.—This individual's case has evidently been one of chronic gastritis, and the bright arterial blood vomited, would lead us to suspect ulceration of the coats of the stomach, and perforation of some minute artery or arteries. The *prognosis* is not, therefore, very favorable.

TREATMENT.—Gallic acid, five grains, to be taken every four hours, in a wineglassful of infusion of *geranium maculatum*. Called again in the evening, and found him very restless, complaining of pain in the lower part of the abdomen. Skin cool and moist, pulse, 100 per minute and very soft; no evidence of fever. Gave *opii.*, grs. 2, and continued the gallic acid and *geranium*.

25. Passed a comfortable night. Pulse 95, and more full. Had two motions from the bowels this morning which contained a little blood. The urine is passed freely and looks normal. Continued gallic acid, etc.

26. Appears much better this morning. Has had three discharges from the bowels during the night; no blood in them. The stomach is quite easy, and bears the astringents well, which are now to be given every six hours, with a small quantity of rice-water.

27. Called in great haste. Patient has just vomited about a pint and a half of bright arterial blood. Has fainted, and is cold and quite pulseless. Used heat to the extremities, and inhalation of ammonia. By the persevering use of these means, with the addition of a few drachms of alcohol and water, reaction was established in about four hours, when I again commenced to give the gallic acid alone, every four hours, and applied strong *linimentum ammonia* to the

epigastrium. Being somewhat restless in the evening, with frequent motions of the bowels, gave opii., grs. 2.

28. Passed a very comfortable night. He is quite cheerful and free from pain; expresses a strong desire for food; pulse 90; skin moist and warm. Continued gallic acid. No food was allowed. Cold water and lemonade were prescribed in small quantities.

29. This morning pulse is 80 per minute. Not quite so well as yesterday. The bowels have been moved several times during the night, and are very flatulent. Treatment continued with the addition of half a grain of opium every three hours.

30. Called this morning about 7 o'clock to see patient. Found him in a most alarming state of syncope, with threatening symptoms of immediate dissolution. He had passed, during the night, about a quart of blood from his bowels. By the free use of inhalations of ammonia, and heat, reaction was established in about six hours.

Having now lost all confidence in the power of the gallic acid to control the hemorrhage, I prescribed the following, to be taken every four hours:

℞ Acetate of Lead, grs. iii.

Pulv. Opii., gr. $\frac{1}{2}$.

Oil Valerian, gtt ii. M

This, with the addition of beef tea and boiled rice, given in small quantities, was continued for six days with marked improvement, when the bowels becoming constipated, spirits of turpentine and castor oil were substituted. A half drachm of the former and two drachms of the latter, were given every six hours, until the bowels were freely moved and the discharges became more natural.

After this he was allowed a more generous diet, and by the use of those invaluable restorative hæmatics, quinia, citrate of iron and gentian, he gradually recovered his health, and was able to resume his labor on the first of January, 1857. Since that time (August first), he has had good health. Although the *bellows sound* is quite loud, and the pulsations

of the heart are more rapid than natural; being 90 per minute in the standing posture, yet he complains of no inconvenience, and says that he feels better than he has done for these three years.

I might here remark, that this was the first trial I ever gave gallic acid in hæmatemesis, and from its signal failure in this, I would not trust it again. The acetate of lead is the most reliable astringent in nearly every form of internal hæmorrhage. Its sedative property gives it also a great advantage in this affection, especially when of the active form, over nearly every medical agent of this kind. And when employed in strict accordance with the true indications, noticed in our introductory remarks, it has, in my hands, proved more uniformly successful than any other remedy that I ever employed.

Creosote is highly recommended, by some recent writers, as a valuable astringent in hæmatemesis, but I have never used it for this purpose, and from the trials that I have made with it, in disorders of a kindred character, I would have but little faith in its powers as a remedy in this.

TRANSLATIONS.

Prepared for the Medical Observer.

ART. V.—*On Suppuration of Joints.* (*Arch. Gen.*)

THERE is nowhere in French literature made mention, that a joint may suppurate without finally losing its mobility. Blot, therefore, felt himself called upon to publish his own observations on this point. He cites the respective passages from the best French works on surgery, and from the rich collection of Brodie. All these authors, however, agree, that incurable ankylosis is the most favorable result, often amputation or exarticulation becomes necessary, and death not unfrequently terminates the disease. Blot, however, is able to report 3 cases, in which complete recovery, without any impaired function of the articulation, took place. His first two regard lying-in women. The inflammation of the

joints, however, was not a consequence of puerperal disease, but of a purely inflammatory nature; nor was there any grave constitutional complication. In his third case, the inflammation was caused by a trauma. The cure was complete, within from two to three months. I forbear giving a detailed account of the cases mentioned, as they do not present any uncommon feature.

Analogous observations are those of Prof. Bouley. He states, that the suppurative inflammation of the maxillary joint terminates with horses mostly without a loss of mobility. If this observation is not made so frequently on the extremities of these animals, this is owing to the circumstance, that horses afflicted with such an evil are usually killed before the favorable termination of the disease.

Blot assigns for the fine result in his first two cases, two reasons. 1, In puerperio, suppuration is so apt to occur in so short a time, that the anatomical structure of the joint is not materially interfered with by it, thus rendering a restitution of the parts *ad integrum* possible. However hypothetical this view may appear, until dissection will have revealed the actual condition of the diseased joints, it is not a mere speculation; for the quantity of synovia in the joint increases in the same proportion as the pus diminishes, the disease, at the same time, tending toward its favorable termination. This fact is not only prognostically important—it appears unexplainable, unless a normal condition of at least some portion of the synovial membrane be presumed. The writer's third case seems to show, that this happy result is not confined, even with men, to suppuration attending the puerperium. Incisions may be looked upon as the other cause of the complete recovery. In dilating upon this theme, the author perpetrates the common argument. The essence of his essay is contained in the two following propositions:

1. Suppurative inflammation of a joint, of a purely inflammatory character, may be cured, especially with lying-in women, without any loss of mobility.

2. Incisions made immediately after pus has commenced

to form, mainly contribute to this favorable termination of the disease.

(Without commenting further upon this article, I may venture the remark, that the study of German works might have shown to the French writer, that over the Rhine, his "new observations" were not what he presumed them to be. It is Strohmeyer's special merit to have drawn the surgeons' attention to those happy results, particularly of the treatment of the ankle joint. What regards the artificial opening of the joint for synovitis, as recommended by Blot, only Brodie and a few others unconditionally agree with him. Brodie, however, mentions only ankylosis as the favorable termination of the disease, while he at the same time does not report any cases, as his habit is on other occasions. Rust, Dieffenbach, Taeger, Strohmeyer, and other German surgeons, regard incisions into inflamed joints indicated only under several conditions, and, in the majority of cases, rather see the pus discharge itself spontaneously. Dieffenbach prefers cauteries to the knife, with a view to promote the process of granulation to come. So much, at least, seems to be certain, that if the supporters of free incisions had no firmer ground to stand upon than three cases, detailed by Blot, the general adoption of this practice will remain subject to more than one consideration. W. K.)

DURIAN states, in his crowned essay, handed to the medical faculty in Paris, as the result of his researches about the advantages of absolute diet (carried how far?), the following propositions:

1. It is without influence upon continued fevers. It does not modify at all either their course or symptoms, while it sometimes even becomes the cause of unpleasant complications.

2. Intermittent fevers are often given a dangerous turn by insufficient food, which, for itself, favors the development of malaria.

3. In inflammatory conditions of the digestive apparatus,

it seems to be useful. It is, however, to be avoided, for instance, in gastralgia, and all those diseases, to the contraction of which it seems to be favorable.

4. Inflammation of the lungs is treated by the withdrawal of food as successfully as by any other remedial treatment.

5. Serous effusions into the pleural cavity are quickly absorbed under the effects of abstinence from food and drink.

6. Such abstinence, if long continued, may favorably alter the morbid symptoms of a disease of the heart, provided it do not depend on structural changes. In the latter case, however, as also when the blood-vessels are diseased, it is of no avail.

7. Rheumatic affections do not disappear under the exclusive use of strict diet.

8. In anæmia it does absolute harm; it is to be avoided in cases of neuralgia; it seems, however, to be well tolerated in other nervous diseases.

9. If the urinary organs are diseased, withdrawing of beverage always perceptibly decreases the quantity of urine; eventually, also, the quantity of albumen which it contains.

Should death be the consequence of inanition, it is not owing alone to a diminished production of animal heat, as some presume, but to a progressive diminution of the blood, and alteration of its qualities.

The phenomena post-mortem are not as simple as has been generally supposed. Ulceration of the cornea never came under observation. The main symptoms were those of anæmia, attended by hypostatic hyperæmia, in different places. The prominent symptoms on living subjects are: emaciation, vomiting, diarrhea, obnubilation of the senses and mental faculties, disordered respiration and circulation, especially a weak pulse, diminished temperature of the body; altogether, symptoms distinguished only by their degree, and the time and succession in which they make their appearance, from similar symptoms attending other morbid causes. Hence it follows, how important it is not to confound the picture, which some diseases otherwise would present, by an ill-timed and excessive restriction of diet.

MEDICAL SOCIETIES.

ART. VI.—*Academy of Medicine, of Cincinnati. Abstract of Proceedings and Papers. Reported by Dr. C. B. HUGHES, M. D., Secretary. Organization, March 5th, 1857.*

A NUMBER of physicians, of Cincinnati, having assembled for the purpose of organizing an Academy of Medicine, on motion, Dr. J. B. Smith was called to the Chair, and Dr. C. B. Hughes appointed Secretary. A Constitution and By-laws were adopted, differing from those that usually govern medical societies in but one essential particular; namely, the admission of the public to the sessions of the Academy, as auditors. Sec. 1, Art. 4, of the By-laws, reads thus: "The ordinary sessions of this Academy shall be for scientific purposes, and shall be open to the public, as spectators. It may also hold such business, or other meetings, as may be necessary, with closed doors."

The following officers were elected, in conformity with the Constitution:

R. D. Mussey, President;

J. B. Smith, }
J. F. White, } Vice Presidents;

C. B. Hughes, Recording Secretary;

C. G. Comegys, Corresponding Secretary;

Wm. Clendenin, Treasurer;

J. P. Judkins, Librarian.

Regular Meeting, May 4th, 1857. Dr. MUSSEY, President.

Prof. MUSSEY delivered an inaugural address, in the course of which he touched upon what he understood to be the principal objects to be attained by the establishment of the Academy; namely, the investigation and discussion of such subjects as vital statistics; public and private hygiene; adulterations of food; progress of medicine and surgery; condition of the atmosphere in relation to epidemics; original observations of disease; the encouragement of medical schol-

arship; and of making the proceedings of the Academy the basis of public opinion in matters pertaining to medicine. The doctor concluded by hoping that a love of truth would prevail over rivalry and dissension; it was this hope that had induced him to accept the honor that the Academy had been pleased to bestow upon him.

NIGHT-SWEATS.

Prof. MUSSEY made some remarks upon the use of ext. belladonna and ox. zinc, for the suppression of night-sweats, as reported by an eastern correspondent. Four grains of oxide, and two of extract, every night, had been employed successfully.

SCARLATINA.

Dr. J. B. SMITH reported a case of malignant scarlatina, attended with great enlargement and suppuration of the parotid glands, and sloughing so extensive as to expose the large vessels of the neck. The patient died from exhaustion, fifty hours after sloughing commenced.

Regular Meeting, June 1st, 1857. Dr. SMITH in the Chair.

ON THE ADULTERATION OF FOOD.

Prof. COMEGYS read a paper on the above subject, giving a detailed account of the admixture of various innutritious and even poisonous substances with nearly every article of food of prime necessity, as made known by commissioners appointed for that purpose by European governments. Such substances have been detected in the following articles: tea, coffee, cocoa, chocolate, sugar, honey, milk, flour, bread, butter, lard, arrow-root, tapioca, sago, mustard, pepper, vinegar, pickles, sauces, spices, gelatin, cheese, confectionery, malt liquors, distilled liquors, tobacco, snuff, drugs, etc. Thus exhausted tea leaves, leaves of sycamore, horse chesnut, plum, hawthorn, and beech, are used in the adulteration of tea; and to give these substances the proper taste and color, black lead, indigo, Prussian blue, chrome yellow, Venitian red, salts of copper and potassa, copperas, and gum catechu, are used. There exists a general belief that similar frauds are practiced in this country; and the author took

the ground, that it is the duty of our city governments to appoint competent persons to investigate the subject. In conclusion, he gave the results of his own recent examinations of sixteen specimens of milk, procured from different vendors of the article in this city. The examinations were conducted with special reference to the adulteration with water, and proved the fact, that at least six specimens were so adulterated.

In view of the facts set forth, Prof. Comegys submitted the following preamble and resolution :

WHEREAS, the adulteration of food is now becoming so common as to interfere, not only with the comfort, but the health also of the people, whose attention has already been seriously drawn to the subject, this Academy, feeling that hygiene is one of the most important departments of medical science, and not being possessed of authority or means to investigate the matter, therefore,

Resolved, That the City Council be called upon to pass such ordinances as shall create a permanent commission, clothed with full power to investigate thoroughly the nature and extent of the adulterations of the chief articles used as food and beverages by the people of Cincinnati.

Dr. J. F. WHITE complimented the author for his industry in collecting the facts developed by other experimenters, and regretted that he had not extended his own examinations. The subject, said the doctor, is worthy of our attention as medical men, and I regard it as highly probable, that the persistence of many chronic diseases may be traced to adulterated food. But he ridiculed the proposition to appeal to the City Council, and thought, even if Council should adopt our views, they would appoint a person to carry them out, of whom the present chemical inspector of liquors would be the prototype.

Dr. E. B. STEVENS said we ought to be in possession of more conclusive evidence that such adulterations are carried on in this city, before we bring the matter before the public authorities. By presenting the subject in the present state of facts, we would subject ourselves to ridicule.

Dr. R. R. McILVAINE remarked, that as our great aim is to bring the truth to light, and as we have faith in our own acts, we ought not to be influenced by such fears. This would not be the first effort at progress that has been met with sneers and ridicule. These were to be expected; and for one, he was prepared for them.

Dr. WM. KRAUSE having been invited to express his views of the subject, said, "In my judgment, it is not the province of governments to interfere with the sale of articles of food; moreover, there is great difficulty in the execution of such laws."

On motion of Dr. S. Bonner, the preamble and resolution were laid on the table, for future discussion.

CORRESPONDENCE.

BOSTON, SEPTEMBER 5, 1857.

MESSRS. EDITORS:

Last month the third Annual Meeting of the American Dental Association was held in this city, about two hundred members were present, representing nearly every State in the Union, and embracing some of the most distinguished practitioners in the Dental Art. The Convention continued four days; and the discussions upon the various topics before it, were of an interesting and practical character. Among the questions discussed at length by the Convention, were the following:—"What are the best means for securing a healthy denture?" "What are the mechanical appliances necessary to secure the same." "What is the best manner of treating alveolar abscess?" Discussions also took place on Mechanical Dentistry, Filling Teeth, etc. Upon the first question I give you some of the opinions of the Dental Doctors as reported in the Boston Bee:

Dr. Baker, of Portsmouth, N. H., read a paper from the *Portsmouth Journal* on the evil effects of saleratus, to the use of which he ascribes in a great degree, the increase of dental business.

Dr. Spaulding of St. Louis said that the proposition that alkali was injurious to the teeth, was entirely new to him.

Dr. Kendrick of Natchez thought that the subject was a very important one. He thought that the best answer which could be given to the question before the Convention was, "Cleanliness."

Prof. Harris was called upon to speak. He could not for a moment suppose that teeth were directly affected by the use of bread

made of saleratus and cream of tartar, for the reason that alkaline qualities of the first were neutralized by the other. He was of opinion that decay of the teeth was most commonly caused by acids generated in the mouth. For that reason persons in perfect health were not troubled by decay of the teeth.

He fully agreed with the remark of Dr. Kendrick that cleanliness was all important. Instances were not uncommon of caries being discovered in teeth immediately after their eruption from the gums, showing that the cause must exist in some acid in the sacks of the teeth.

According to his opinion the great cause of caries in the teeth, was the chemical decomposition of the animal substance. It had been noticed that the teeth of seamen were very liable to decay, and he thought this was attributable to the action of salt water on the atmosphere and of the atmosphere on the teeth.

Dr. Dillingham of Boston gave the result of his experience among seamen; he found they seldom returned from sea with sound teeth. He thought salt provisions exerted some influence.

Dr. Branch of Illinois, thought the great secret of a healthy denture was a healthy constitution—able to appropriate all alkalies introduced into the stomach. It is little matter what a man eats if it is nutritious, and he has the power to assimilate it to strengthen his body.

Dr. Reed of Newburyport had always considered acid as the great enemy of the teeth. He had heretofore directed that the teeth of children should be cleansed with an alkaline soap in order to neutralize acid. If he had been in the wrong, he wished to be corrected.

Dr. Allen of New York, remarked upon the effects of alkalies and acids on the teeth. In the West, where he had formerly resided, he had observed that cows fed on "still slops" soon lost their teeth and became unable to feed on grain.

Two years of feeding on "still slops" was time enough to destroy the teeth of any cow. He thought that diet had as much influence on the teeth of mankind.

Dr. Ware called attention to the fact that Indians who lived on the sea-coast were not troubled by decaying teeth, and for this reason he thought that the theory, that salt water produced any effect on the atmosphere to the injury of the teeth was without foundation.

Dr. Dunnell of New York did not think the present generation was a degenerating one, though it was a changing one. He had in the examination of the skeletons of Indians, found very many decayed teeth.

Dr. Palmer of Poughkeepsie, N. Y., was not prepared to doubt that the use of saleratus might be one of the causes of decaying teeth.

Dr. Priest of Utica thought it was useless to attempt to assign any one cause for the decay of teeth, which should rather be assigned to a variety of reasons.

Dr. Fuller, of Portsmouth, wished to allude to the paper which had been read at the opening of the debate, and thought it about time

that the soda and saleratus humbug was exploded. He argued that saleratus could not directly affect the teeth.

The great amount of dental decay was caused mainly by acids. He called Dr. Severance of Great Falls, to state his theory of dental gymnastics.

Dr. Severance took the floor and argued that there was as much necessity of exercising the teeth as any other part of the body.

Dr. Townsend of Philadelphia, that the cause of decay was more remote than had yet been named. It was in the formation of the teeth.

Dr. Stackpole of Dover, N. H., thought that specific rules for securing a perfect denture could not be laid down, as the composition of teeth differ in individuals. The general rule, to live in obedience to the laws of nature, was all that could be given.

The convention honored your city by the election of Dr. Taylor for its President; who, on taking the chair, spoke as follows;

"Allow me, gentlemen, first to reciprocate the very kind feelings expressed by the gentleman who has just left the chair. He has alluded to the past—to a period of life when we were young in our profession, when, I was about to say, we scarcely had a profession.

"He has brought to mind those feelings and memories, which, in addition to the kindness you have this day manifested toward me, have indeed done more to throw me completely beyond the power of speech, than any thing which he could have done. (Applause.) There are feelings striving for utterance, which language fails to embody in words; there are emotions gushing up from the deep fountains of my heart, which rush out with such force that I can not form them into proper words for this occasion.

"We have met, gentlemen, for one very important purpose;—may I not say, for two very important purposes? First, we have met for the advancement of dental science. We have met to investigate every truth on which that science is founded. We have met to see if those rocks of truth on which the foundation of our temple is now being erected are firmly cemented together. We have met, gentlemen, to compare notes; we have met to exchange ideas with each other; and to refute or confirm opinions previously entertained. We have also met, may I not trust, to impart to those assembled with us here useful knowledge; and may I not express the hope that every member of this Convention will be ready to impart all the information in their possession, that we may all be benefited thereby.

"We have met also for one other important purpose. We have met to renew old acquaintances; to draw more closely those bonds which bind us to each other, and the profession we esteem. We have met to interchange not only our views but our sympathies; and we have met also to gaze for the first time upon the faces of those whose works and writings have been speaking to us for years, but who now for the first time are brought within our cordial embrace. Who would not be here? Who would not lay aside the labor and toil of his profession to come to this eastern temple to usher in as it were a new science—

the last mark of man's progress in dental and scientific knowledge? Who would not participate in such a noble work? Gentlemen, by your kind action in selecting me as your presiding officer, you have conferred upon me an honor that I know I can not merit, and I feel utterly inadequate at this time to the task imposed upon me; and did I not know that you are all animated by a thirst for knowledge which will lead you to set aside the formalities of parliamentary proceedings, I should shrink from the Chair I now assume. I shall, therefore, ask your kind indulgence and hearty co-operation, in order that our deliberations may be such, that this new science, if I may so call it, may continue to advance from one step to another until it ranks with that ancient and time-honored profession which we all revere and respect."

The subject of extracting teeth by the anæsthetic process of congelation was entertained by the Convention; many practitioners reported very favorable results. One dentist of this city said he had extracted fourteen hundred teeth during the past year, by this process. The only objection was that sometimes the freezing mixture produced an aching sensation in the jaw.

Resolutions were passed to establish a fund for the promotion of Dental Science, with especial reference to the appointment of some competent person to conduct experiments, physiological, pathological, and hygienic as connected with the dental art.

The Dentists of Boston extend their courtesies to their brethren from abroad, by giving them an excursion down our beautiful harbor; where all had an opportunity to give a practical application of the *molars* and *bicuspid*s, as well as drink to the potency and vivifying influences of old Neptune.

The Convention having transacted all of its business adjourned to meet at Cincinnati next August.

The President, previous to adjournment, spoke as follows:

"Gentlemen, we are now about to separate. We have had,—at least, it has seemed to me,—very interesting and instructive sessions. But I really feel,—and I think it is borne out by the discussions of this morning,—that we do not allow members sufficient time for these annual convocations; that we do come here unprepared in our arrangements to spend such a length of time as we find that the business of the Convention demands. Indeed, you have brought to my mind this morning, the old maxim, that we are *wedded* to our profession; and I have felt, while I have been listening to the remarks that have been made, ever since the motion was offered to adjourn *sine die*, that you could hang on, as the lover hangs to the lips of his sweetheart, after the parting kiss has been given, returning again and again. (Loud applause.)

"My object in speaking at the present time, is, merely to say to you

that when we see you in the Queen of the West,—and I hope, gentlemen, (may that hope be realized!) that we shall see each and all of you, and not only you, but your friends and better-halves,—we shall give you a cordial greeting. Our city is large, the beautiful Ohio meanders close to our borders; we have every means for your accommodation and pleasure, and in behalf of my professional brethren of the West, I take this opportunity to say, we pledge you a hearty welcome." (Loud applause.)

It is certain that much practical benefit has resulted from the combination of talent thus brought together. It is a well known fact that American Dental Surgery is far in advance of that of any other country; and is still in a progressive state. American *genius* in the mechanical arts never confines itself to its birth-place; it speeds on and plants itself wherever a practical result can be obtained. As in other branches, so is it with mechanical dentistry; it is securing its triumphs in several countries of Europe. The Courts of France, Belgium and Spain are its patrons; even the Russian Czar finds the dental surgery of our countrymen more palatable in the royal mouths of his household, than if done by other hands. M. Charriere & Son, of Paris whose reputation for the invention and manufacture of surgical instruments is world-wide, acknowledge that in the production of dentistical instruments they are far behind the standard attained in this country. I well recollect examining some surgical instruments taken from the ruins of Pompeii. How great the contrast! If the *savans* of that day could view the surgical cabinets of the present, they would be as much astonished as the Pilgrim Fathers to see the rail-car thundering by Plymouth Rock.

You may recollect the anecdote of the returning Californian, who, on leaving the El Dorado, registered his name with the affix of M. D. During the voyage he was treated with some due respect as to his title. But soon the services of a physician were required, and our presumptuous friend was called upon to exercise his medical skill; but finding his assumed position did not make him a doctor, he modestly remarked that the M. D. after his name, when rightly translated, stood for nothing more or less than Mule Driver, for that was his profession. Now we protest against this *wholesale* assumption of title, especially that of Dr. or M., D., not only among Dentists, but among Medical men.

THE grandest, the most beautiful objects in nature, as materials in the hands of an artist, are but tame and commonplace, unless he can inspire them with the glow of human emotion.

BRIDGEPORT, SEPTEMBER 8, 1857.

DEAR SIR:

I beg to direct your attention to an inaccurate statement in the "Observer" of this month, made by the "Reporter to the Belmont Medical Society" and shall feel obliged by your correcting it. It consists in stating that I was professor of anatomy in Trinity College; whereas mine was a more humble station in the University; that of demonstrator under the present distinguished Professor Harrison.

I remain faithfully yours,

WM. GODFREY DYAS, F. R. C. S.

REVIEWS AND NOTICES.

Elements of Pathological Anatomy. BY SAMUEL D. GROSS, M. D., Professor of Surgery in the Jefferson Medical College of Philadelphia, and formerly Professor of Pathological Anatomy in the Medical Department of the Cincinnati College. Third edition, modified and thoroughly revised. *Illustrated by three hundred and forty-two* engravings on wood. Philadelphia: Blanchard & Lea. 1857.

The removal of Prof. Gross from the West to Philadelphia, has in no wise made any interruption in his steady march in the pathway of professional honors and position; all who visit Philadelphia and observe the energy with which he enters upon his duties unite in the same common tribute to him. If however other evidence was wanting of the unflagging earnestness and industry of Dr. Gross, we should surely find it in the beautiful volume on Pathology before us now, its third edition not merely "revised"—carefully remodeled. The *Elements of Pathological Anatomy* belongs to a class of books to which we are particularly partial, and concerning which we have more than once taken occasion to express our views. They are the books which drill the medical student and medical practitioner in the philosophy and logic of his profession—they drill him in diagnosis, without which we hold no man becomes truly a physician.

We have not the early edition of this work in reach to make a comparison of the additions and improvements in the present, we therefore quote briefly a paragraph from the preface to the present edition: "Many paragraphs and often whole pages have been re-written, and a considerable amount of new matter has been introduced. While the general arrangement remains the same, the various topics embraced in the work have been more thoroughly systematized and wherever it was practicable the language has been rendered more concise and terse. One hundred and thirty new cuts have been added

They were drawn for the most part from my own specimens, and under my immediate superintendence, by Mr. Daniels, and engraved by Mr. Baxter. These added to those in the former edition make the number of original cuts nearly two hundred. The remainder have been copied from various sources as Raymond, Marcet, Lawrence, Miller, Curling, Churchill, Bird and others. Not a few of the figures thus borrowed, have become, as it were the common property of the profession, and are no longer traceable to their respective authors. With the many changes and improvements now introduced the work may be regarded almost as a new treatise."

Dr. Gross pays a passing tribute to the assistance afforded by Dr. J. DaCosta (Lecturer in the Philadelphia Association for Medical Instruction).

We very heartily agree with our author in his expressions of surprise and regret at the negligence every where prevailing in the study and systematic investigations of pathological anatomy, "that America with its great hospital facilities, should have no school of Pathological Anatomy, is an anomaly which can not fail to excite the wonder of the age, and the amazement of posterity."

Before closing this notice it may be proper to give a running summary of the contents of the volume. Nearly two hundred pages are occupied in general principles, as chapters on *Inflammation* and its various terminations, *Effusion*, *Suppuration*, *Ulceration*, *Granulation*, *Cicatrization*, etc.; *Hypertrophy and Atrophy*; *Transformations*; *Polypus*; *Heterologous Formations*, as *Tubercle*, *Melanosis*, *Scirrhus*, *Encephaloid*, *Colloid* and *Epithelial Cancer*. The remainder of the work is taken up with *Special Pathological Anatomy*, and gives 27 chapters on the *Blood*, *Muscular System*, *Arteries*, *Veins*, *Lymphatics*, *Joints*, etc., etc. *Nervous System*, *Respiratory Apparatus*, *Heart*, etc. *Stomach and Bowels*, *Biliary Apparatus*, *Urinary Apparatus*, etc., etc.

As we have already said this is one of a class of books we like, and we heartily commend it to our readers.

For sale by Truman & Spofford. Price, \$5.25.

†

The Half Yearly Abstract of Medical Science, Being a practical and analytical digest of the contents of the principle British, American and Continental Medical works published during the preceding six months. Together with a series of critical reports on the progress of Medicine and the collateral sciences during the same period. Edited by W. W. RANKING, M. D., Physician to the Norfolk and Norwich Hospital, and C. B. RADCLIFFE, M. D., Licentiate of the Royal College of Physicians of London.

We neglected to acknowledge the receipt of the XXV. No. of

this capital semi-annual, last month, as we should have done. We have only to say of the present number that it still sustains its excellent character. It is reprinted by Lindsay & Blakiston of Philadelphia; and for sale by booksellers generally, or it may be ordered direct from the American publishers without additional expense. Price \$2 per annum. ‡

GAZETTE HEBDOMADAIRE, *A la Librairie Victor Masson, Place de l'Ecole de Medicine, Paris.* This valuable Weekly Gazette of Medicine is received with satisfactory regularity.

L' UNION MEDICALE, *de la Gironde, De Bordeaux.* The August Number is received and contains, Sudden Deaths in Puerperal state, by Dr. Chas. Dubraulh; Treatment of Scrofulous Ophthalmia, by G. Sous. Medical Society of Bordeaux; Reviews; Varieties.

THE TEMPLAR'S MAGAZINE, published monthly by J. Wadsworth, 611 Western Row, Cincinnati, at only \$1 per annum; Devoted to the Order of the Temple of Honor especially, but to the cause of Temperance and temperance literature in general. This magazine exhibits no signs of decay, and as its seventh year is nearly complete, it may be regarded as one of the fixtures among the monthly publications of the country.

THE LADIES' REPOSITORY, edited by D. W. Clark, D. D., and published by the Methodist Book Concern for \$2 per annum. Everybody knows this excellent monthly, as its huge circulation of over 30,000 amply testifies. There are two steel plate illustrations each month, those for September are "A View on the Ohio," taken at a point near the city, and "The Little Anglers." The Repository may be ordered through any regular Methodist Minister.

COSMOPOLITAN ART JOURNAL. We have received the June and September numbers of a very neat quarterly bearing the above title. It is the organ of the Cosmopolitan Art Association whose object is the distribution of engravings and works of art annually; \$3 constitutes any person a member of the Association, and entitles him to a copy of the engraving, a chance in the lottery of paintings, sculptures, etc., etc., and to a copy of the Journal; we might say that Power's Greek Slave will be distributed again among the prizes of this year. For further particulars address C. L. Derby, 548 Broadway N. Y., and local agents *passim*. As to the Journal itself, it is a very readable and very well executed quarterly, its topography and numerous wood-cuts are certainly beautiful.

GODEY'S LADY'S BOOK. We have already taken occasion during the year to speak of this favorite monthly as by all odds the most *complete* and *real* Lady's magazine in the country. It is of a high literary character, making it a most capital fire-side book of family reading. Its illustrations are beautiful and very appropriate. The October number has a beautiful engraving of the "Two Sisters" one on earth, the other the *angel* sister. But the patterns are just the thing, patterns for embroidery, painting, drawing, patterns of all things desirable by the ladies—caps, collars, sleeves, children's clothes etc., etc., etc. Again we say there is nothing of the kind in the country will compare to Godey. Terms; single copy \$3, two copies \$5, three copies \$6, nine copies for \$15, twelve copies for \$20. Clubs may be made up at any time of the year, as the back numbers are stereotyped. †

EDITORIAL AND MISCELLANY.

MARSHALL HALL.

Marshall Hall is dead. We could use no words, we could indulge in no comments that would add to the sorrow with which this simple announcement will be read by American Physicians. Very many of the physicians of the West had the pleasure of meeting Dr. Marshall Hall during his visit to this country in 1853-4 and of listening to his lectures—they will recur now to those interviews with feelings of peculiar though saddened interest. The *American Medical Monthly* noticing the decease of Marshall Hall, very happily remarks: "There are few men among the physicians of England whose names are more familiar to the profession of the whole world, and there are few whose death will be a greater loss to humanity. Entirely devoted to scientific pursuits, his investigations, always marked by originality, had for their end the benefit of his fellow-men. His mind was not content with the simple discovery of truths, but strove to turn them to good accounts, to give to them some practical result. It was this peculiarity as well as his long and eminent career, that has made his name a household word. And such it must continue to be. His last contribution to the knowledge of his fellow-men,—viz: the series of rules drawn up by him for the treatment of drowned persons, and known as the Marshall Hall Method,—promises to make his fame still greater; and many will yet owe their lives, as many already do, to his discoveries, and wise deductions from them." We also condense

from a memoir in the London Lancet, the most important points in his history. "Death, that most unsparing of tyrants, has exacted from the greatest physiologist of the age the last debt of nature; slowly, surely, and relentlessly disease has been undermining the earthly tabernacle of a mind which for vast powers, high purposes, and indomitable energy, has found no superior in its native land in the present half century. On Tuesday last, the 11th August, Dr. Marshall Hall died at Brighton, aged 67 years."

Dr. Marshall Hall was born at Bashford, in Nottinghamshire, in the year 1790. He matriculated at Edinburg University in the year 1809. "There were giants in those days. It is hardly possible in the present day to realize the enthusiasm which inspired Edinburg at that time, enthusiasm indeed is too tame a word. There was a furor, an excitement produced by the united influence of a complete galaxy of talent. It was impossible but that such men as Cullen, Home, Rutherford, Gregory, Hamilton, Bell, and Barclay should kindle in the ardent minds of a vast concourse of students a flame which should burn with answering brightness to their own." Marshall Hall distinguished himself even at this early day in his chemical studies. He took the degree of M. D. in 1812. In 1814 made a visit to the continent. In 1815 settled at Nottingham where he speedily acquired business and reputation. In 1826 he removed to London. His principal contributions to science may be arranged briefly somewhat thus: His work on Diagnosis—still among the best; a valuable paper—"Experiments on the Loss of Blood," published in "Trans. of the Royal Med. and Chirurg. Soc." for 1832. The basis however upon which the fame of Dr. Marshall Hall is to rest consists in his discoveries concerning the nervous system, and his happy adaptation of his discoveries to the various practical departments of the profession. In this connection is it not somewhat remarkable that the Royal Society thought Dr. Hall's memoir "On the true Spinal Marrow and the Excito-Motor system of Nerves" unworthy of publication! "During the time of Palmer's trial, it occurred to Dr. Hall to institute a physiological test for the recognition of strychnine; as if to show the absolute correctness of his views, and how unlimited were the number and nature of the scrutinies they would bear, he found that a frog immersed in water containing the $\frac{1}{5000}$ of a grain of strychnine, would in process of time be thrown into tetanic convulsions. The Physiological test was found to be more delicate than the chemical. Here was an instance of sagacity and precision of thought which would have done credit to any

man in the flower of his age." The "Marshall Hall Method" for restoring asphyxiated persons is among the last and crowning efforts of Dr. Hall in the cause of science and humanity. This synopsis of course does poor justice to the great labors and acquirements of Dr. Hall. In reference to his death, it is believed that it was caused by exhaustion produced by a stricture of the œsophagus of many years standing, accompanied lately, it was considered by many eminent surgeons, with malignant ulceration of the heart. Sir Benj. Brodie had long since pronounced the malady from which Dr. Marshall Hall was suffering to afford no hope of the application of any permanent remedy. "Though no title has adorned the name of the great Marshall Hall, we who are left behind will esteem him as one who would have graced rather than have been graced by honors however exalted. The title which he preferred beyond all others was that of 'The English Physiologist.'"

LONDON AND BROMPTON CANCER HOSPITAL

Through the kindness of our friend Dr. Hanbury Smith, we have received a copy of the London Times, containing the proceedings and Report of the 5th Annual Meeting of the Governors of this Hospital; and from it we glean a number of items which appear of such general interest that we arrange them for our readers:

The committee of Management "have much satisfaction in being able to state that the prosperity and the usefulness of the charity have gradually increased during the past year." They further report the state of their growing necessities and accumulating means, will require them to proceed at once with a new building:

"The services of our medical officers, Wm. Marsden, Esq., Weeder Cooke, Esq., Alx. Marsden, Esq., and Dr. Knox the pathological anatomist, can not be too highly appreciated, and we hereby in the name of the Governors, tender them our grateful thanks."

From the Surgeons' Report we make some interesting extracts:

"In our previous reports we have referred in detail to the large accumulation of facts which, shown forth in the statistical tables, must now be accepted as sufficient data for us to establish laws for the guidance of the practitioner who has to treat this malady. The average return of the disease after operation according to our observation in 171 cases obtains in the short space of 14 months, and that whether the operation has been effected by the knife, under chloroform without pain, or through the protracted misery of a six weeks' cauterization. The latter proceeding, namely, that of removing can-

cerous tumors by caustics, has been practiced from time immemorial, especially by uneducated pretenders, who obtain a fleeting reputation by throwing the halo of mystery over their proceedings, and vaunting that as 'cure' which is unhappily but a temporary relief, obtained at the expense of the constitution ten thousand times more painful than amputation by the knife, and infinitely less efficacious in removing even the local manifestation of the disease. If it be a cure of cancer to remove the tumour by caustic, it is also a cure, and an easy one, to remove it by the knife under chloroform, and hundreds are so 'cured,' in all our recognized hospitals. The legitimate professors of medicine, who know that the assertions of such 'cures' are meretricious, feel themselves bound to enlighten the public on this matter, and the large experience obtained at this hospital enables us to speak positively of the uselessness of putting patients to the protracted torture of the treatment by caustics where the knife can be employed. Truly, there are advanced cases in which caustic applications, in addition to constitutional treatment, tend to check the progress of the disease, but these are not generally the cases which are undertaken by persons professing permanent cures. Our experience leads us to the conviction that the whole system is at fault, and that as long as encouragement is given to the practice of mere local eradication no progress will be made in the treatment of this malady. On the other hand, by constitutional treatment, and such local remedies as experience has suggested, we have the satisfaction of seeing very many patients, who have been the subject of cancer for 10 or 12 years, and patients of this hospital from its commencement, restored and preserved in comparative comfort and good bodily health. These gratifying results are now so frequent that we feel ourselves bound by every possible means to bring them before the public, and especially to invite the attention of the medical profession to this particular mode of arresting the disease.

"We have continued to attempt a classification of the cases which have come before us under the heads 'Scirrhus,' 'Epithelial,' 'Medullary,' etc., as representing different forms of the disease recognized by the schools of surgery of this country; but, as our experience becomes more extended, we feel the difficulty of adhering to this classification, for two reasons—viz: that these supposed different forms appear to us to be but stages of the same disease—the medullary, cystic, the colloid, or gelatiniform being, in the greater number of instances, but sequences of the scirrhus and epithelial forms; so that a case which appears in our books originally as scirrhus in very many instances must subsequently be designated medullary, and those which would be called epithelial have many of the characters of scirrhus. The other reason which invalidates these distinctions of the schools is that the different tissues of the body, according, generally, to their hardness or softness, or to their exposed or inclosed condition, naturally allow of, or retard, the development of the cancer; and thus we have, in the same patient, scirrhus in one part, medullary in another, and other forms in another, seen as primary

deposits of the disease, influenced thereto principally by the structure which the cancer has elected to attack, and, perhaps, in some slight degree by the absence or presence of constitutional power to resist disease, in whatever form it may arise. We need scarcely say that the popular terms ‘stony cancer,’ and ‘bleeding cancer,’ are likewise but representations of different epochs of the same affection ; and respecting the latter especially, we would earnestly abjure the name, since its use so frequently and seriously alarms the poor sufferer as to hasten very considerably the fatal termination.”

The following statistical tables are also interesting and valuable:
Statistical Statements of Patients received up to Dec. 31, 1856.

	Males.	Females.	Total
Out-patients.....	190.....	1,279.....	1,469
In-patients.....	84.....	289.....	373
	274	1,568	1,842

Of the out-patients discharged with disease arrested or relieved, 463.

SITUATION OF DISEASE.

Male.		Female.
Face and lip.....	97	Breast.....961.
Tongue.....	65	Special organs.....205
Special organs.....	40	Face.....57
Arm and hand.....	50	Tongue.....26
Bones of face.....	13	Eye.....9
Breast.....	5	Side.....5
Eye.....	4	Arm.....5
Stomach.....	2	Stomach and pancreas.....5
Back.....	1	Fauces.....4
Thigh.....	1	
	243	Females.....1,277
		Males.....243
		1,520

NATURE OF DISEASE.

	Male.	Female.
Surface or epithelial.....	171.....	157
Hard or scirrhus.....	39.....	1,044
Soft or medullary.....	7.....	54
Bony or osteoid.....	11.....	2
Cystic.....	1.....	23
Total.....	1,520	

Cases of doubtful character.....322—1,842

In the second or ulcerative stage of the disease.....742

Average duration of disease previous to coming to hospital...3 years.

Had relations previously affected with the disease.....229

Average age when attacked.....43 years.

Had been operated on previous to coming to the hospital, and an average lapse of time before the disease returned.....171—14 months

Cases ascribed to blows and other injuries.....203

ANOTHER DUN: THE LAST CALL, WE MUST HAVE MONEY! Have our subscribers deliberately made up their minds to ignore their dues to the Observer? We can scarcely believe it, and yet it would so appear. With careful economy and management, we made our first year meet its expenditures, we should be in a fair condition to do the same with the present, if our subscribers would do their duty. And yet, with a largely increased *bona fide* circulation, our cash receipts are greatly behind what they should be for good health.

Perhaps it may be proper to say here, what we had not intended to say, till the end of the year,—*that there has been no time that we have expected to suspend the Observer, or “fuse” it with any other Journal.* Is that explicit? We stated, some months ago, when announcing the new college arrangements, that they did not in any way involve the Observer—we supposed that would have been sufficient—but we have been constantly met ever since, with the inquiry,—“what is to become of the Observer?” “Will it suspend?” etc., etc. Will all interested, *pro and con*, take fresh courage—we tell you the Observer’s fate will only be determined by the *character of its support*; if we are starved out—we simply surrender. But you may be sure that the Observer don’t belong to the class of fusible metals. The Observer was established, to meet, what was supposed to be, a particular want—to be an independent medical gazette of the times—to represent the active, working, progressive men of this great valley. That want is as great now as ever—while the position of the Observer to fill it, is better than ever. Henceforth, disconnected from all direct, or indirect college association, it will still strive to be free from local or clique influences, and honestly and faithfully advocate those measures, which it believes calculated to advance the interests of the profession at large. But enough of this,—*will our friends sustain us?* Once and for all, will those indebted to this Journal remit forthwith? We place a red mark about this article, for all indebted to this office—and *we expect* that all receiving the Observer with the *red mark*, will make a special effort to send us their two dollars *now*.

We are near the close of another year—within the next month we must make our contracts for paper—and all the other details for a new volume—and friends must bear in mind, that all these expenditures are *cash*—we are expected to meet them promptly, as they come due monthly, whether the treasury be flush or empty—we are willing to give our labor and time to the Journal—our patrons *must do the rest*—and if they wish the Observer to live, they must do it promptly. ‡

NEW ORLEANS MEDICAL AND SURGICAL JOURNAL. The September number of this time-honored journal, being No. 2 of the XIV. volume, comes to us with the announcement, that the proprietorship changes hands from D. C. Jenkins & Co., to Drs. Warren Stone, James Jones and Stamford Chaillè. The last-named gentlemen also become a party in the Editorial Management,—but the present distinguished editor—Dr. Bennett Dowler, being retained as Editor-in-Chief. What may be the particular object of this movement, is not definitely announced; it is evident, however, that new zeal and life is to be infused into the journal—it has been among our most useful journals in the past,—we shall all need buckle on fresh energy for the future—look out friends of the Hospital Gazette. †

CALIFORNIA STATE MEDICAL JOURNAL. The fourth quarterly number of this Pacific enterprise, comes to us with an unpleasant announcement—with this number the journal ceases to exist—we are extremely sorry to make this record. It should not be; a good journal is needed in California—to be sure, some of us on this side of the mountains could furnish the doctors of the Golden State, a like quantity of matter for half the cost, as some cotemporary very ungenerously suggested—but that is not the thing—the profession there wants its own medium and ought to have it and sustain it. It did not fail then because not needed—but simply starved out; even with an actual circulation which we gather, if promptly cashed, would still have left life in the enterprise.

Why is it that physicians are, as a body, so remiss in this matter? earnest farmers and politicians are not so! Can we expect the people will appreciate us, if we fail to appreciate ourselves! Even the New Orleans Journal, just noticed,—declares, in its last number, notwithstanding presumed unusual prosperity—that there is, however, one unwelcome *Souvenir*, which rises like Banquo's ghost, that is the ledger-book of this journal, which is said to throw the ghastly figures of an *enormous*, and constantly increasing debt, due from subscribers. †

THE HOSPITAL QUESTION. Some weeks since, a Special Report was made, to our City Council, concerning the building of a new hospital. That report advocated the separation of the Commercial Hospital from the Medical control of the Ohio Medical College, and resolutions were submitted, by which the initiary steps were to be taken, for such separation. We had proposed to notice the more salient points of this question, and, to some extent, discuss their

bearing upon the interests of medical teaching in this city, as well as upon general professional interests ; but, observing the "slow length" with which Council drags herself toward the consideration of these resolutions, we have come to the conclusion, that we may just as well take up the question any time these six months, as at present. And, at any rate, it is proper for us to say to students coming here from a distance, that in no event, will *their* interests be affected for the next winter,—that is to say, no matter what action Council may take, there will probably, be no immediate or sudden change in the medical and surgical management of the hospital, inasmuch as the Trustees of the college will, of course, test their legal rights. Our views upon this question are well known, and we shall not shrink from a full consideration of it, whenever it appears to us, discussion will avail, in the work of proper judicious reform. †

THE Messrs. Frankenstein, artists of this city, are making copies in plaster, of the bust of Prof. R. D. Mussey. The bust is life-size, and is, for all the world, life-like. They are selling them at the small sum of ten dollars. This is an excellent opportunity for the students of Prof. M., and for all those who admire and regard his great reputation, high character, and distinguished position, to acquire his bust. It is quite an ornament for an office. We know the artists to be worthy men, and hope our friends, who have ten dollars to spare, will secure a bust. †

TRANSACTIONS OF THE NEW HAMPSHIRE STATE MEDICAL SOCIETY held at Concord, June 2d and 3d, 1857, contains a large number of valuable reports, which we have but time at present to notice by their titles—*The Want of Sanitary Knowledge*, by Dr. F. P. Fitch ; a very interesting *Report on Surgery*, by George H. Hubbard ; *Nursing Sore Mouth*, a carefully prepared paper by Dr. T. J. W. Pray. *Report on Practical Medicine*, by Dr. W. W. Brown. *The Contributions of Quackery to True Medical Science*, by Dr. Thomas H. Marshall ; *Miscellaneous Observations in Obstetrics*, etc., by Dr. W. H. Thayer, with some of minor importance.

TO CONTRIBUTORS, ETC.—Valuable papers are received and on file from Drs. Casselberry, Haughton and McConahay and Commercial Hospital reports from Dr. Rooker.

TRANSACTIONS OF THE OHIO STATE MEDICAL SOCIETY ; the volume Transactions of our State Society for this year comes to hand just as

we are closing up our number ; and we have only opportunity now to say of it that mechanically it is by all odds the handsomest volume our society has ever issued, and from a casual look over it we judge it will prove among the most valuable.

NEW TYPE.—We experience great pleasure in looking at the clear pages of this number of the Observer, the result of an entire new font of type with which it is now printed. This is as it should be, and we doubt not Moore, Wilstach & Co., will receive the thanks of our readers therefor, as well as from ourselves. †

WHAT ARE INTERNAL HEMORRHOIDS?—Preparatory to entering upon any question as to their treatment, we must a little clear the way by a few words as to the real nature of internal hemorrhoids. That “internal piles,” in their ordinary form, are dilated or varicose veins of the anus, may now safely be pronounced a relic of by-gone and very mistaken pathology. If cut across, they bleed most profusely ; but the hemorrhage is arterial, not venous ; and if tied, there is little or no risk of phlebitis. On dissection, they show scattered, small, venous cysts, but these are minute in proportion to the mass ; and should a large coagulum be found, it has more the appearance of being the result of extravasation than the contents of a varix. They are not at all more liable to occur in those who suffer from varices in the legs, etc., or varicocele, than in others. The *dilatatio venarum* theory has, indeed, been specifically renounced by most of the recent teachers and writers on the subject. Mr. Salmon is very positive in his opinion on this point, and he is supported to the full by Mr. Ashton and Mr. Syme. And here the distinction between external and internal piles must be borne in mind ; the former, a rare and comparatively unimportant form, are admitted by all to be venous. External piles have, when the skin is thin, the uniform bluish tint of a vein, which can not well be mistaken, while the purple color of the internal one rather resembles that of the intense congestion of almost strangulated mucous membrane. External piles may be snipped off, and there is no danger of bleeding after the vein has once emptied itself ; internal ones, if cut away, bleed continuously and profusely, and their hemorrhage, as just stated, is arterial, not venous.

We come, then, to the question, What are internal hemorrhoids ? and to this the answer must be, that they consist of

prolapsed folds of the mucous membrane lining the sphincter, extremely vascular and hypertrophied and thickened by long constriction. In children, the parts about the rectum, the sphincter, etc., are lax, and the mucous membrane is very loosely connected to the muscular one; hence their liability to large prolapse, which in them always comprises the whole circumference of the bowel. In adults, however, the sphincter is more firm, and the mucous and muscular coat much more closely connected; hence the great rarity of circular prolapse. From the necessity that the mucous membrane lining the sphincter itself should be capable of wide dilatation during defecation, an arrangement has resulted, however, by which during the closed state of that muscle, it is thrown into longitudinal folds, which are smoothed out when it opens. Between these folds, which, first described by Morgagni, are known as Morgagni's columns, the mucous and muscular coats are more closely united to each other, while beneath them the intervening cellular tissue is, of course, loose. These columns vary in number from three to six. By reference to this arrangement, the reason why extruded piles almost always present the appearance of being divided into lobes, is easy to be assigned. Mr. Salmon defines piles as prolapsed Morgagnian columns, hypertrophied and rendered vascular by constriction, and states that their divisions into segments corresponds in number with the number of the columns in the individual. Thus, then, we have it clearly explained upon anatomical grounds why children almost never have piles, and why adults so very rarely have circular prolapse, and also why adults who have circular prolapse never have "piles," as a complication; the latter fact being one, which, upon the old view of their being distinct conditions, it would be very difficult to account for. We have already adverted to the importance, in respect to treatment, of this view of their nature, and how well it coincides with the results of practice. No one would fear ill consequences from tying up a mass of congested and thickened mucous membrane, while every surgeon would shrink from the risk attendant on putting ligatures on bunches of inflamed veins. —*Medical Times and Gazette.*

IMPROVEMENT IN PLUGGING THE VAGINA. BY W. B. CASEY, M. D., OF MIDDLETOWN, CONNECTICUT.—There are few physicians in active practice, who have not, at one time or another, been annoyed, and perhaps alarmed, by the occurrence of profuse uterine hæmorrhage, especially in abortions of an

early period. The ultimate and unavoidable termination of these cases by expulsion of the uterine contents, having been satisfactorily ascertained, it is of course highly desirable to hasten this result, and at the same time save the patient from further effusion of blood. For this purpose, various kinds of plugs or tampons have been recommended, among which, strips of linen, silk handkerchiefs, sponges, and India-rubber bags or bottles, are most in favor. The method which I am about to propose, and have often employed with great satisfaction, seems, however, to possess several advantages over any of the others. I learned it some years since from my friend, Dr. George O. Jarvis, of Portland, in this State.

The entire apparatus consists of two, or perhaps three towels. One of these is to be twice doubled or folded lengthwise, and then rolled up tightly, until it is made into a small, firm roll or cylinder, some eight or ten inches in length. This is then again rolled up within a second towel extended or spread out to its full length. We have thus a band or roll about a yard long, the central portion forming a thick, firm cushion. Its application is perfectly easy and simple: the central part or cushion is applied against the vulva between the thighs; one end of the inclosing towel is brought up in front of the patient, and the other at her back between the nates (like the letter U), and the two ends being tightly drawn up, are then pinned to a third towel passing across the shoulders, or perhaps to the neck or yoke of the patient's night-dress, if that be stout and strong enough for the genital fissure, preventing the escape of blood, which then coagulates in the vagina and serves both as a plug and dilator of the os uteri. In due time, the ovum being separated, expulsive pains come on, and the roll being then unpinned and removed, and the patient (if not too much exhausted) allowed to sit upon a vessel, the vaginal plug or clot, followed by the ovum and its concomitants, is extruded, and the trouble is at an end.

The advantages of this plan over any internal plugging are so obvious, that I will not take up your space or the time of your readers by enumerating them, but will only assure those who have never tried it, that, in the great majority of cases where plugging is proper and necessary, they will find this method safe, easy, and efficient. It has rarely or never failed in my hands; and now, when called to a case of flooding from the cause above-mentioned, if pressed by business, I do not hesitate, after applying the roll, to leave my patient for an hour or two, or longer if necessary; feeling

confident that if my directions are strictly obeyed, no mischief will befall the patient during my absence.—*Boston Med. Jour.*

IODINE INJECTIONS IN THE TREATMENT OF OVARIAN DROPSY.—Prof. Simpson, in a recent discussion at the Medico-Chirurgical Society of Edinburgh (Dec. 17, 1856), stated that “He had now employed these injections in twenty or thirty cases, with varying results. In the first operation, the first, he supposed, in which it had been used in Great Britain, the tumor is still present, but never has again increased to any great size. Sometimes the injection in his hands had proved quite successful. Lately, he saw two patients on whom he had operated three years ago. In one of these cases, a young person of twenty or twenty-two, who had been once or twice tapped before, the dropsical tumor was of very great size, and the patient’s health and strength were rapidly breaking down, when the iodine injection was had recourse to. There has been no return of the dropsy, and the patient is now quite well and strong. He lately saw an elderly patient, upon whom he had operated about the same time, with a similar successful, and apparently permanent result. In other cases, the iodine injection had been completely or partially successful—partially in several, inasmuch as it had obliterated the largest cyst in the multilocular tumor, but had not prevented the remaining smaller cysts from growing and developing. In some, on the other hand, it had so far entirely failed, that the cyst, operated on and injected, had again refilled; but perhaps, as a general rule, not so rapidly as when no injection was used. The failures were, in special instances, perhaps traceable to the iodine being too much diluted by the fluid left in the cyst; to the quantity of iodine used being too small, or too weak; to care not being taken to bring it in contact with the whole interior of the cyst, and other avoidable causes. No doubt it was a valuable means in some cases, especially where the dropsy was principally limited to one or two large cysts; and no doubt it would fail in others, especially where the tumor had several large cysts developing simultaneously. The iodine injection was seldom attended with much pain, or with any severe local or constitutional irritation. Out of the twenty or thirty cases in which he had injected ovarian cysts with iodine, in only one instance had death subsequently occurred, namely, in a patient to whom he was called by Dr. Monroe, of Dundee. The dropsical distension of the abdomen in this patient was, before tapping, greater, he believed, than he had ever before witnessed, and the iodine injection was used at the first

tapping. Was the fatal result attributable to the tapping or the injection? He had now used the iodine injection so often, without any marked local suffering or constitutional reaction, that he was inclined to doubt if the iodine were in any degree blameable; while he had so frequently seen danger and death follow first tapplings, and where nothing but tapping was used, that he believed the result was to be ascribed to the paracentesis, and not to the injection.—*Edinburgh Med. Journal*, Feb., 1857.

USE OF CHLOROFORM IN RETENTION OF URINE.—An intemperate cabman, aged 52, was admitted into a medical ward at Guy's, a few days ago, on account of chest symptoms. It appeared that he had had gonorrhea twelve years before, and had ever since had more or less difficulty in passing his water. After having been in the hospital nearly three weeks, he was seized with retention of urine. The dressers and house surgeon made patient and repeated attempts to pass a catheter, but without result. There was little doubt that the stricture was a permanent one, which had been closed by inflammation. In February the retention had become complete for two days; the symptoms were becoming very urgent, and Mr. Cooper Forster was accordingly called to see him. Opium had been most freely given. Having failed in persevering attempts to introduce a No. 2 catheter, Mr. Forster determined to administer chloroform, and, if needful, to puncture the bladder by the rectum. When completely insensible, another trial was made with a No. 3, which now passed most readily. We cite this case as important, because it proves beyond dispute the influence of the anæsthetic state in relaxing an otherwise impermeable stricture. An opiate treatment had been fairly tried before, and had failed, and the catheter had also been found useless in the hands of several well-practiced surgeons. The plan of administering chloroform in cases of obstinate stricture and retention, is one in wide use, both in hospital and private practice; but, as it is not yet in such general favor as it deserves to be, we have thought that so pointed an example of its advantages might be worth bringing before our readers.—*Med. Times and Gaz.*

MARRIED:

On Tuesday morning, September 1st, at the residence of the bride's father, by Rev. P. B. Wilber, DR. C. P. BRENT, and Miss ANNIE E. DALE, all of this city.

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THE CINCINNATI MEDICAL OBSERVER.

CONDUCTED BY
DRS. GEO. HENDENHALL, JNO. A. MURPHY, AND E. B. STEVENS

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ORIGINAL COMMUNICATIONS.

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ART. I.—*Opinions on the Nature, Tendency, and Treatment of Tumors involving the bony structure; selected from some of the best authorities, by Dr. JAMES M. MC CONAHEY, Bridgeport, O.*

THE case of diseased tibia, that formed a subject of discussion at the last meeting of the Belmont Medical Society, was one that excited no inconsiderable interest. I have read the report of the proceedings of this Society, contained in the columns of the September number of the "Observer," in which some notice is taken of this case. This report is not only insufficient to convey correct and satisfactory views of the case, but it is characterized (I make no doubt unintentionally) by inaccuracy of statement. We are told that Dr. Dyas has lately been professor of Anatomy in Trinity College, Dublin, whereas he was demonstrator; that the disease was malignant tumor of the lower extremity of the tibia, although it was situated in the upper extremity; and that the operation was successful, "the young man being apparently in good health," although it was well known to all who saw him that his health had not been good from the time of the operation until his death, which took place in the month of August, previously to which he had been confined to his bed for some time. I shall not occupy your

columns with further prefatory remarks, but merely observe, that as I felt much interested in the case, I endeavored to acquaint myself with the facts and evidences in such cases, before the meeting of the Belmont Medical Society, on which occasion several points of argument were introduced, to which I now propose to advert; but lest there should be any matter in connection with the subject with which I might not be fully acquainted, I called on Dr. Dyas, requesting him to transcribe from his notes whatever he knew concerning it. With this request he kindly complied, and at the same time inclosed to me Dr. Cobb's letter, who describes the appearances on anatomically examining the tumor, and with Dr. Dyas' consent forward his views for publication.

“SEPTEMBER 10, 1857.

“DEAR SIR:—At your request, I send a statement of Cook's case. It is valuable, as it not only supports the opinion now generally entertained as to the connection of morbid productions of the encephaloid type with a constitutional affection, but, also, as it sustains the rule of non-interference with such, except at a comparatively early period of their growth.

“On the 25th of May last, I visited —— Cook, at the request of his father, who told me to take with me my amputating case of instruments, as it was expected by the medical men in attendance that I would find it necessary to amputate his limb. On my arrival, I met three medical gentlemen. I inquired of them what was the nature of the case, and on their replying that they did not know, I asked Dr. Cobb, the physician in immediate attendance, for a history of its progress, as far as he had had opportunities of observing. I can not say this was as satisfactory as I could desire. I learned, however, that the disease was not of long standing; that it consisted of a tumor at the upper part of the left leg; that it was very painful; its growth rapid; that a puncture had been made with a lancet, into it; that nothing followed this puncture save blood; and that the day after, the tumor increased (as ascertained by measurement) one inch and a half. On seeing the patient, I was struck,

on entering the chamber, with his wan and pallid countenance: that peculiar straw-colored hue, so characteristic of malignant disease, and often the first evidence of it. Pulse 180 in the minute. The tumor embraced the upper part of the leg, immediately under the knee joint, on which it was evidently encroaching. Before I laid my hand on it, I suspected its nature. All the appearances were of ill omen. The integument covering the mass was of a brownish hue, slightly tuberculated, and intimately incorporated with it. The tumor was round in shape, fixed, and diffused into the surrounding parts. On handling it, there was a sense of great elasticity. Over the center, the veins, owing to the alteration of the integuments, were not very visible; but at its distal end, as they entered, and for a short distance upward, they were abnormally large. The site, shape, external aspect, enlarged veins, severe attendant pain, peculiarity of growth, marked by rapid increase, and this observable from day to day; the remarkably wan and sallow complexion, and the elastic feel, deceiving the attendants, and inducing them to seek for pus, all loudly proclaimed the disease to be Encephaloid tumor. Such I unhesitatingly pronounced it. The other physicians in attendance said they had no practical acquaintance with this form of disease, but one of them, I think, suggested the possibility of its being a phase of scrofula, meaning, I suppose, a scrofulous tumor. All my experience was opposed to this view. Scrofulous tumor is distinguished by the usual characteristics of tubercular deposits: passive congestion of integument, with indurated enlargement beneath; a purple hue of surface; its progress essentially chronic; with but little pain; slowly tending to imperfect suppuration; and no sense of elasticity imparted on manipulation. Having given my diagnosis, I stated what was the rule of practice almost universally followed in similar cases: that the principal surgeons both in this country and in Europe, condemn interference with such tumors when *they have progressed as far as the one in question*; but that, if any two of the three then present sanctioned the operation, I would at once remove the leg.

I was asked, in consequence, did I consider the disease constitutional; and on replying in the affirmative, the rejoinder was, 'certainly not, if the disease be constitutional.'

"I remember, at the time, saying, I had known the operation performed under similar circumstances, and that in every instance, the result was unfavorable; that the disease either re-appeared on the stump, when this was nearly healed; or presented itself internally, and rapidly carried off the patient."

"At the time, I thought the gentlemen present concurred in my views, but in a few days subsequently, I learned they were not satisfied; that they called to their assistance, other surgeons, and that they concluded their consultation by amputating the limb. Immediately on learning this, I wrote to Dr. Cobb, who had charge of the case, requesting him to furnish me with the particulars of the anatomical examination of the tumor. With this request he most handsomely complied. I therefore send you Dr. Cobb's letter. It unmistakably and satisfactorily supplies all the information required to support my diagnosis. Ninety days have since elapsed, and events, flowing from antecedents, just as naturally as cause and effect under any chain of necessary causation, have justified the prognosis I then gave. Cook is dead. His has been no exceptional case. I had no opportunity of witnessing the symptoms of the closing scene; but of this I feel assured, that a post-mortem examination would have revealed medullary masses in the liver, kidneys, or lungs, most probably in the last, illustrative of the law enunciated by Cruvelhier, by which is shown that where organs are affected, whose venous branches are the tributaries of the cava or general venous system, morbid products derived from them must pass through the pulmonary capillaries, where they are arrested in their further progress before they can reach the liver. But where organs are affected, whose venous branches are the tributaries of the portal system, the case is different. Here morbid products carried by the veins from the viscera reach the liver first, which then participates in the disease. Yours, etc. V. G. DYAS."

REMARKS.

The case above given requires no commentary to elucidate it. The facts speak for themselves. Yet it may not be amiss to avail myself of the occasion to make a few observations not altogether foreign to the subject. In doing so it is not my intention to enter upon a lengthened inquiry into the nature and differential diagnosis of the various kinds of morbid growth, but merely to make some remarks in reference to diseases of bone, which a consideration of this case may suitably suggest.

It is but comparatively of late years that pathologists have had clear conceptions of growths now termed heterologous. This arose, in some measure, from a faulty nomenclature, the consequence itself of an unscientific classification; but still more perhaps, from ignorance of the intimate structure of such as were malignant; upon which structure this very malignancy depended. In the microscope, we now have the means of obtaining more correct notions of morbid structure, leading to a classification in accordance with what science requires. We are aware that surgeons, under the head of Osteosarcoma often confounded two diseases altogether different in habits and tendencies—one benign, the other malignant—the former slow in growth, generally free from pain, firm in structure, giving a feel of crepitation when pressed, and generally occurring in adult life; the latter more rapid in growth, painful, the pain being of a lancinating, or burning kind, generally softer in structure and elastic when felt. These with care can not be mistaken, though being frequently found occupying the same sites, they might otherwise be confounded. The maxillary bones, the upper end of the tibia, and the lower extremity of the femur, are the common sites of each. As the benign affection seems to consist of simple sarcoma, deposited in an osseous stroma, so the malignant represents, in the soft parts, *Fungus Hæmatodes*, in which it ultimately ends. The malignant disease is occasionally seen modified by the particular tissue from which it springs. When, for instance, it arises within the periosteum, the integuments covering it present a

tuberculated appearance. This was the opinion of Warren, who never saw the disease arise from the reticulated texture of bone, but in every instance from the periosteum. But whether it has its origin in the periosteum or osseous tissue, we can always see the former increased much in vascularity and thickness, surrounding a mass of cerebriform matter, grumous blood and fetid ichor, together with a fungoid formation, constituting a considerable portion, in many cases, of the tumor. Few will now deny the pathological identity of this disease with *Fungus Hæmatodes*. There is not the smooth and pale surface of the latter, especially before it has progressed far; but this we see is not an essential condition, but depends on a contingency susceptible of explanation. As it is desirable to establish a correct diagnosis between these two kinds of tumor, so it is important to adopt such terms as will mark this difference; and pathologists now generally understand by osteosarcoma the benign, and by osteocephaloma, the malignant. I know not any other disease of bone likely to be confounded with osteocephaloma—the disease of which Cook died. It is indeed proof of but very slight acquaintance with tumors of bone to class one so well marked under the head of scrofulous tumor. Simple scrofulous tumor of the soft parts, whether occurring in the lymphate or secreting glandular structure, has been above briefly, but practically considered. It is seldom seen except in such situations, or internally in the areolar tissue of the folds of peritoneum. But there is a disease occasionally met with termed scrofulous, or tubercular abscess of bone, a disease essentially chronic and indolent, in which there is an expansion of the affected bone. This loses its earthy material, and at the same time tubercular matter is deposited in the canacelli. After some time the tubercular mass softens, an abscess results, which frequently is diffused and comes to the surface to be discharged. In this disease pain is scarcely complained of; but rather a sense of weight is experienced. The soft parts covering the tumor are œdematous, and there is a shade of purple over the integuments. When the tubercular mass softens, hectic declares itself by

the usual symptoms, and upon the evacuation of the contents there remains an ulcer, with all the characteristics of a scrofulous sore, leading down to diseased bone.

I can well imagine the mode of reasoning of some, who, because a patient is of a strumous habit, think they can not be far estray in referring all local manifestations of disease in such to scrofula. That scrofula more or less modifies other morbid states I have no doubt, and that it even predisposes to malignant disease is the belief of many. This, however, does not constitute identity. Schmidt and McKenzie both declare that *Fungus Hæmatodes* is connected with scrofula, and Travers goes so far as to say that the medullary species of cancer has often appeared to be a modification of cancer by scrofula. Still it must be acknowledged that some of our most distinguished surgeons do not accede to this. The writings of Abernethy and of Hey do not seem to warrant the supposition of any connection between the two diseases; and Middlemore, of the Birmingham Institution, in his work on diseases of the eyes, refuses to embrace this opinion. But notwithstanding what speculations may be indulged in, in reference to the connection or otherwise of these maladies, there is not a tyro now in the profession but knows that they are distinct, and characterized by signs not to be mistaken, except through gross ignorance or extreme carelessness. If a case should occur in which doubts might insinuate themselves, have we not the results of the labors of Bennet, Walsh, Lebert, and others, to guide us to correct conclusions? Microscopical investigation enables us to distinguish whether morbid productions be malignant or not. From the researches of Lebert, it would appear that the microscope is a sufficient aid in doubtful cases to arrive at a positive diagnosis; and this is now not assented to merely as a doctrine resting on the notions of an individual, but by men of science, is admitted with all the authority of a dogma sanctioned by the profession. So well established is it that in a questionable case none should presume to impugn the opinions of another, without having previously invoked the assistance of the microscope.

In the September number of the Observer my attention has been directed to a communication from the reporter of the Belmont Medical Society. By this report I learn that some have entertained the opinion that Cook's disease was necrosis. (I do not remember its being named in society.) But after what has been already stated in reference to the symptoms and progress of his complaint, together with the result of the anatomical examination of the tumor, it might appear a waste of time to enter upon a diagnosis between the disease that is the subject of this communication and necrosis, were we not aware that necrosis sometimes attacks the upper end of the tibia, and perhaps its occurrence there might lead some that are inexperienced into error. I shall, therefore, briefly contrast the two, just to show how unlike each other they are. Necrosis of the head of the tibia occupies, usually, years.—Cook's disease, up to the date of my acquaintance with it, was of but three months duration. Necrosis is characterized by abscesses, leaving fistulous openings; necrosis, in this situation, generally causes destructive inflammation of the knee-joint—in this case, as is usual in others of Osteocephaloma, in this situation: in Cook's case the joint was scarcely compromised.

In Necrosis of the cancellous texture of the tibia, there is found a small piece of dead bone loose in a suppurating cavity and bathed in pus—the anatomical examination of this tumor does not reveal any such thing. As I have already observed, necrosis of the upper end of the tibia is a chronic disease, producing slow disorganization of the knee-joint, never deviating from this course, unless by raising active inflammation of the latter, which condition is expressed by the usual symptoms of synovitis. Now I might ask if the medical attendants of Cook's case were convinced of the malady being necrosis of the upper end of the tibia, why did they not extract the dead bone? This, under the circumstances, would have been the proper and only means of relief. There are two diseases; cartilaginous and myeloid tumors of bone, which, even by careful and accurate observers, might be mistaken for osteocephaloma of the tibia. In some

instances, during life there might be much difficulty in distinguishing them; but an anatomical examination would soon reveal their nature.

Mr. Stanley, in his work on Diseases of Bone, tells us of osteocephaloma being mistaken for pulpy degeneration of the synovial membrane of the knee-joint; and the same author gives an instance where deep-seated suppuration on the outside of the joint was supposed to be osteocephaloma. As, however, there is now no question concerning these particular sources of error, a more lengthened notice of them may, at present, be dispensed with. Authors are not agreed as to the precise condition of the constitution in relation to this variety of tumor. Some assert, that previously to the external manifestation, there had been affection; others that this amounted to nothing more than a predisposition, likely to be excited into action through the subsequent influence of the local disease; and a few still believe that it is at first strictly local, and that the general health is subsequently vitiated, through the vascular and absorbent systems. Surgeons adopting the mean of these opinions as a ground on which to found a rule of practice, recommend the extirpation of such growths at an early period.

But what is to be considered an early period? Some think the period early if the tumor has not ulcerated, and thrown out a fungus; others, that long previous to this the general system had been contaminated. Boyer, who describes his disease under the head of osteosarcoma, thinks it the result of the direct or indirect action of the cancerous virus upon the affected organ, and observes, that this opinion will acquire a high degree of probability, on considering that, after an amputation of a limb, the disease almost always returns. He advises early amputation as the only resource of art, yet adds, that in order to the operation being admissible, the disease should be situated at a good distance from the trunk; should be unaccompanied by symptoms ominous of the affection of the internal organs; but adds, there is not even a chance of success if the lymphatic glands of the limb, abdomen, or thorax be engaged. These rules are not, however, sufficient

for our guidance. The disease originating in the tibia, may not have encroached on the femur; there may be no symptoms denoting positive disease of the viscera; the symptoms of internal disease may, as they frequently are, be latent, the lymphatic glands may not appear to be affected; in fact, in this disease "they are not prone to enlarge," to use the words of a late writer, and yet no prudent surgeon will amputate. Warren, in his work on tumors, says that no general law to direct the surgeon can be laid down, but that when the patient's health is undisturbed, when there is no secondary local affection, and especially where the disease can be traced to an accidental violence, we may consider the constitution secure and proceed accordingly. These rules seem indefinite. The constitution may be disturbed and yet not give any decisive sign of secondary local affection, particularly of the viscera, in which the disease may be latent, and from statistical tables given by Mr. Paget we learn that out of 57 patients with medullary cancer of external parts, not more than 17 gave a clear history of previous injury of the part affected. The observance of these rules would therefore make us indisposed to interfere, where some might consider the operation not contra-indicated. Colles, who is good authority, says if you operate you should do so before the tumor becomes painful. No doubt many will think this is restricting within too narrow limits, the application of the last resource of our art, but when we find that the average duration of life, where the disease pursued its course without operative interference, was rather more than two years, and the average duration of life was something more than 28 months where the disease was removed by excision, or amputation of the affected part, as we learn from Paget's tables—there is nothing very encouraging in any operative proceeding, but sufficient to induce one to hesitate to advise an operation always attended with immediate peril, and that too in a disease which, whether you operate or not, will terminate fatally. I do not mean to state that there have not been recorded some two or three cases which, writers tell us, after a lapse of years, have not as yet destroyed the patients.

But these are exceptions, and not sufficient to invalidate a rule of practice. I acknowledge there may occasionally a case present itself, requiring consummate tact, and the exercise of the soundest judgment to determine an operation, but such would not be represented by that which is the subject of this communication. This had not only all the signs of malignity, but its rapid increase indicated an intense diathesis, an ample provision of appropriate material in the blood, that precluded hope, and discouraged interference. Even under the most favorable circumstances, no intelligent surgeon now hopes permanently to arrest this disease, and the chief motive in operating consists in prolonging life for a little, the interval between the operation and the grave being, on an average, the short one of seven months. If we have reason to suppose the general system not deeply involved, the absorbent system unaffected, the tumor of small bulk, and not ulcerated, and the rate of progress in growth slow, we are justified in having recourse to an operation; reverse these conditions, and it is contra-indicated. I shall now conclude these remarks with the words of a respected and eminent teacher, Samuel Cooper, when speaking of operating in this disease. The result of such proceedings is also, for the most part, unsuccessful, the disease returning in the same situation, or manifesting itself soon afterward in others. Experience proclaims this discouraging truth so loudly, that many of the best surgeons now decline to undertake any operation in cases of this description, for if the attempt fails, the patient is put to unnecessary pain, and his life is abridged, by the more rapid and deplorable form in which the disease re-appears. At all events, an operation is only justifiable in the early stages, while the disease is entirely local, if it ever be so, a circumstance very much to be doubted.

Appearances upon dissecting Cook's limb by the attending physician, Dr. Cobb :

NEW ATHENS, O., June 18, 1857.

DOCT. DYAS—Dear Sir: Your note of inquiry respecting Mr. Cook has been received, and in reply I have to state, that apparently his condition is favorable. No sloughing of

the fungus took place. The dark-colored spot you saw upon the tumor, extended throughout its substance. Dr. West made the dissection, so that I can not give you perhaps so correct an idea of its character as you might wish. The fluid contained was of a bright straw-color, and remarkably fetid—there was very little pus. There was a portion of the tumor near the bone which very much resembled a hog's brain in color, shape, and size—and the diseased structure seems to have entirely surrounded the tibia and fibula.

Mr. Cook would be gratified to have you call and see him should you be in this neighborhood.

I am very truly yours,

C. COBB.

ART. II.—*The Oak-Bark Jacket*, by ISAAC CASSELBERRY, M. D., Evansville, Ind.

There are several species of the oak. The bark of each contains an astringent principle; but the red oak is that which is the most efficacious when it is employed in the form of a jacket. The tree is indigenous, and so well known that a botanical description is unnecessary.

The oak bark may often be employed with advantage in the treatment of some complications of fever. The best mode of using it is in the form of a *quilted* jacket carefully placed over the hypocondriac and epigastric regions. It may be easily retained in this position by passing straps over the shoulders and lacing behind.

The jacket should be thoroughly wet with whisky morning and evening. For this purpose, it should be taken off, and the whisky slowly and carefully poured upon it, until it is equally wet through and through. So much should not, however, be employed as to make the jacket drip; because the active principle of the bark would then escape with the whisky. The bark in the jacket should be removed, and fresh bark introduced every three or four days. It should be carefully dried and finely powdered, before it is introduced into the jacket. It will then feel soft and pleasant to the individual, and readily yield its properties to the whisky.

In the *American Journal of the Medical Sciences* for July, 1857, I have shown, that, in fever, the external capillaries contain less than a normal quantity of blood; that those of the liver, kidneys, and intestines, are replete with blood altered in quality; that this unequal distribution of the blood produces corresponding anæmia; and that this congestion of the visceral capillaries and anæmia of the external perpetuate fever. As the external tissues are liberally endowed with sensitive and excito-motory nervous branches, which lend a compensatory assistance to the automatic, and as a diminished quantity of blood generally favors absorption, so the external surface furnishes a fertile field for the employment of curative agents externally. The blood in these tissues is nearer normal and more *mature* than that which is in the visceral capillaries; and, therefore, the cells of which it is composed offer a more durable degree of resistance to the force of a disturbing impression and manifest a stronger affinity for molecular combination with the constituents of medicinal agents.

The bark jacket should not be employed in the acute state of fever. For it can only be used advantageously when fever has continued, until it has become complicated by diarrhea and anæmia.

These complications are often observed in our Western paludal districts, especially among children, and always merit assiduous attention, because they not only perpetuate the fever, but they often render medicinal substances uncertain and frequently prejudicial. The removal of these conditions is, therefore, imperatively demanded before the individual need hope to be restored to health.

The astringent principle of the oak bark is dissolved and retained in solution by the whisky. It is the introduction of this principle into the blood which is required to arrest the diarrhea and restore the functions of the capillaries of the intestines. The whisky, which is absorbed with this principle, augments the molecular changes of the blood, and tends to elicit the assistance of the sensitive and excito-motory nervous systems. These nervous systems respond to

the requisition, and send forth a mighty host in the form of reflexed actions and involuntary muscular motions. The normal molecular changes of the blood are augmented; increased secretion of effete elements transpire; the blood is less contaminated; an additional quantity of its nutritive elements are elaborated and appropriated to the nutrition of the tissues, and all the different forms of the automatic nervous force manifest more intensity.

The uncombined oxygen of the atmosphere is more and more consumed by molecular combination with the augmented nutritive elements of the blood, and manifests less and less affinity for the tissues of the intestines.

What is called *irritation* partakes of a corresponding diminution; for it is the unconsumed oxygen which produces this pathological manifestation. Hence, as the oxygen is decreased, the irritation is reduced.

The astringent principle of the oak bark endows the absorbents of the bowels with the power to receive and retain more nutrient material, while the increased molecular changes of the blood in the capillaries, especially the external, promote its combination and appropriation to the tissues.

This is the mode in which I conceive oak bark exercises its beneficial influence; and if the position be a true one, it is infinitely much more advantageous to employ this, or any other astringent, externally in this complication of fever than internally; because it does not require to be digested and assimilated. A happy modification of these processes is performed by the external capillaries. The weakened and disturbed visceral organs are relieved from this duty.

ART. III.—*Removal of a Foreign Body from the Trachea by Tracheotomy*, by R. E. HAUGHTON, M. D., Richmond, Ind.

ON Sabbath morning the 16th of August of last year, I was requested to visit a little patient, the subject of this report. The accident had occurred the evening before, in eating a melon, one of the seeds being drawn from the table

with the juice of the melon. The patient was a little girl, about four years of age, just tall enough to reach the table, and applying her mouth, thus sucked the seed into the trachea. There was some spasmodic coughing at first, but after a time, the respiration was not materially disturbed. The next morning however, there was some wheezing and difficulty of breathing, the sound of the seed striking against the sides of the trachea, as the air passed in and out in the process of respiration. Dr. Plummer had advised the family that an operation might be required, but did not think any immediate proceeding necessary, but told them if any serious symptoms arose, to inform him immediately, as he lived but a short distance from them. On the morning that I saw her the parents were anxious in regard to an operation, and whether it were practicable and could be safely resorted to. I told them I had but little confidence in any other means of removing the foreign body, and if urgent symptoms required, should resort to it as the only means afforded of saving the life of the child. While thus talking, the breathing was becoming more and more difficult with occasional partial relief. Thus the day passed, and having seen and conversed with Dr. Plummer, we held ourselves in readiness to operate at any moment. The next day arrived, being Monday the 17th of August, and the prospects and condition of the patient no better. In the evening during a paroxysm of coughing, the seed was thrown upward and lodged in or about the chink of the glottis, when the symptoms became rapidly worse, and Dr. Plummer, Dr. Butler (my partner), and myself, were hastily summoned to the case.

I found the patient turning black in the face from impeded respiration, with loud wheezing, staring eyes, and the physicians preparing to operate. The mother had not yet fully consented to the operation, but she was told there was no time to be spared, and immediately the child was laid upon a table, a sheet thrown over the body to confine its movements, and Dr. Butler by request, proceeded to the operation. The incision was made down to the trachea, then three or four rings were divided, freely admitting the

air. There was no bleeding of importance, but the seed was not expelled. The color soon returned, and though nearly pulseless, soon rallied a little, but being late in the day and she being so much exhausted, she was quietly laid in bed and watched through the night, a silver tube having been immediately inserted through the wound for the purpose of respiration. Next morning she was as comfortable as could have been expected, and we proceeded to find the locality of the seed, and if possible remove it. The seed was lodged or impacted somewhere above the opening into the trachea, and could not be readily found. It was thought to be in the chink of the glottis, or near by, or might have been found in one of the ventricles of the larynx, but as this was uncertain, we first passed a small bougie upward to the chink of the glottis, but could not go further. This was done with the view possibly of dislodging the seed, but as yet it was not found. The next effort Dr. Butler took a pair of curved forceps of the pocket case, and passing it upward slowly through the opening in the trachea, seized the seed and brought it to the external margin of the tracheal wound, and a struggle of the patient dislodged it from the forceps and it passed down below the wound in the trachea. We then supposed it would be expelled by coughing and she was again laid in her bed, and soon after in an effort at coughing the seed was expelled, and caught in my hand as it was thrown out. The next steps were to combat inflammation, which was done through that day and night, by the use of nitrous powders, and the tinct. verat. viride, which exerted a most happy influence. I watched her through that night, and she seemed to grow more and more feeble, her pulse rose to 140 beats per minute, and all the members of her family had consigned her to death. I gave at intervals the tinct. verat. viride, till her pulse was reduced to 60 beats per minute, and more volume and softness. From that hour she rallied and continued to improve, and the next morning I told her father she was better and improving; he was incredulous and would hardly believe, even through that day, that she improved. She did not breathe through the natural passages till the

Thursday following, when the tube was removed and the opening closed. She improved rapidly, and the following Sabbath, one week from the time I first saw her, her parents took her on a visit to friends in the country.

The difference between this case and many that occur, was the lodgment of the seed, and consequent exploration to find and remove it; the high grade of inflammation which threatened to destroy the patient, not of the wound, but of the structures about the glottis. And further, that each case successful and unsuccessful ought to be reported, that a statistical table may be made out, showing the comparative success of an important and sometimes formidable operation. Dr. Henry Smith gives a table of operations in his work on operative surgery, and the materials for such a table ought to be reported when they exist. The report of cases where the operation has been performed in croup, ought to be sent up when they occur (and the result), as it is the means of deciding clearly whether an operation under such circumstances is justifiable. In operating for the removal of foreign bodies it is already clear, but an additional report of cases and their success, would be satisfactory.

COMMERCIAL HOSPITAL REPORTS.

ART. III.—*Case of Cancer of the Foot—Amputation of the Leg.*
Reported by JAMES J. ROOKER, M. D., Res. Surgeon. Prof.
THOMAS WOOD, M. D., Attending Surgeon.

John I. Neville, æt. 37, American laborer, admitted July 15, '57. Injured his right foot some twenty years ago; was under surgical treatment then and had the injury repaired in a comparatively short time; he had no difficulty with the foot from that time until about two years ago, when he slightly bruised it by some accident—a running sore was the result, which gradually assumed a malignant character, and in less than six weeks the whole foot and ankle-joint were involved. Patient has had no use of his leg for the last two years.

When admitted to the hospital, he plainly showed the cancerous cachexia; the foot was a fungous mass—the bones

being involved as well as the soft parts. He presented the picture of a man whose days are numbered. His general health had been failing rapidly for the last two weeks, and he was in every way an unpromising subject for amputation.

R Ale one bottle per day, and good diet.

Creosote-water for the foot.

July 20. Says that he feels stronger, and is anxious to have his leg off. He was put under the influence of chloroform, and Prof. Wood amputated the leg some four inches below the patella; the arteries were found *perfectly ossified, and it was with great difficulty that they could be secured. The death of the patient from secondary hemorrhage was expected, and the tourniquet was left loose around the limb, with orders to the nurse to tighten it if bleeding from the stump made its appearance. The stump was dressed with the Malta-cross and roller-bandage, and cold water applied over it.*

5 o'clock, P. M. Says that he feels very hungry. Reaction fully established.

R Ale and beef-tea.

Sulphate of morphia was given in small doses to allay pain.

July 21. Complains of great pain in the stump; pulse 115, full and strong; tongue coated white. R Treatment continued.

July 22. Feels quite easy this morning; pulse 98, rather weak; gangrene has appeared on the stump.

R Yeast poultice to be applied to stump; continued other treatment.

July 22. 4 P. M. Appearances of stump rather worse; stitches loose and the anterior flap black and dead; pulse 138; tongue dry and white; stump discharging large quantities of fetid gas and sanies; countenance anxious; lips pale; hemorrhage expected every minute. Treatment continued.

R Quinine gr. iij. every two hours, with ale.

July 23. Patient feels weak; is very uneasy; pulse 115, very feeble. Continued treatment.

July 25. Some portions of the flap begin to slough; general health improving. Continued treatment.

R Argent. nitr. gr. xxx.

Aqua dist. ℥j.

M. Apply to stump, particularly to sloughing parts, with camel-hair brush twice a day. The stump also to be washed out with solution of chlorinated soda three times a day.

July 28. Prof. Wood removed large portions of dead mass from the stump; patient's health improving.

July 31. Yesterday and to-day more of the dead mass was removed; the ligatures from the arteries came away without any hemorrhage; the stump has a healthy appearance now, with the exception of the projecting ends of the tibia and fibula, which have turned black. Continued treatment with the exception of quinine.

August 15. About one inch and a half have sloughed off of the tibia and fibula, and were removed by Prof. Wood; simple cerate was applied to wound; the posterior flap was well drawn up and kept in contact with the other parts of the stump by roller-bandage.

Aug. 30. Stump is healing rapidly; patient has not had a bad symptom since our last note. Continued treatment.

Sepr. 12. Doing very well; granulations have a healthy appearance, and it is expected that the wound will be entirely closed up in a very short time.

This case is interesting from its rapid recovery from so many apparently hopeless conditions. The arteries were brittle bone cylinders, that would break off in the loops of the ligature before the flow of blood was stopped, and it was only by dipping a curved needle, armed with a ligature, into the surrounding tissues, and tying the whole in mass with the arteries that the hemorrhage could be arrested. The gangrene, which was extensive, taking all of the anterior flap, and a large portion of the muscles, but not the integuments, of the posterior, at one time almost made the case a hopeless one. The separation of the ligatures with the sloughing masses from the stump, was anxiously looked for, as a most critical period in the progress of the case, but they came away without the slightest hemorrhage. The projecting bones, after the flaps had sloughed, promised much

obstruction in the progress of cure; but it is remarkable in what short period the dead was separate from the living bone, leaving the latter covered with healthy granulations, and perhaps saving the patient from a second amputation.

Case of severe Conjunctivitis and Entropium. Cure in a short time. Reported by JAMES J. ROOKER, M. D., Res. Surgeon. Prof. THOMAS WOOD, M. D., Attending Surgeon.

WILLIAM STEFFENO, *æt.* 34, German, cabinet-maker, of temperate habits, was admitted to the Hospital July 18th, 1857.

Patient says that six weeks ago his eyes became sore; he experienced a feeling "as if he had sand in his eyes." He called on a physician, who recommended him to "*lie on his back, and keep a dry cloth over his eyes.*" This was his chief treatment during the six weeks. When he was admitted to the Hospital, he was not able to open his eyes, *and could not see any thing whatever.* It was with great difficulty that his eyes could be examined, when it was found that he had conjunctivitis and sclerotitis, also entropium, which was probably the cause of the two former affections. Bowels costive.

R. Magnesia Sulp., ʒj, now.

Blisters behind the ears.

July 19. Prof. Wood performed the following operation. A fold of skin was snipped out of each of the lower lids, parallel with, and about one line from the edge. The edges of the wound were accurately brought together, by the interrupted suture; it was then dressed with cold water, a bandage around the head, over the eyes.

July 20. Is able to see a little, this morning.

R. Zinci Acetas, gr. ij.

Aqua Rosæ, ʒj.

M. Ft. Collyrium. Sig.—Apply to eyeball, by means of *dropping* in the solution, three times a day.

R. Blisters behind the ears to be kept *running*.

July 25. Is doing well, now; can see very well.

July 28. Is about well, now; wants to be discharged, but was advised to stay a few days yet.

August 10. Discharged, perfectly well.

REVIEWS AND NOTICES.

TRANSACTIONS OF THE OHIO STATE MED. SOCIETY FOR 1857.—We have already published in full the proceedings of the State Medical Society, as furnished us at the time of the meeting in June. The volume of Transactions for this year is on our table, and is “got up” with the best taste of any volume of Transactions heretofore published by the Society. All praise to the energy of our friends at Sandusky.

The first paper appended to the proceedings is the Valedictory Address of Dr. Peter Allen, the retiring President. Dr. Allen is one of the veterans of the profession in our State, and it very properly becomes him to take as his theme the Medical Profession in Ohio, Past and Present. He went back to the early medical history of the State, and made many interesting allusions to the toils and perplexing trials of the pioneer doctor; his long rides—swimming rivers on horseback—and all those varied circumstances that arose from his association with a people struggling with the difficulties of preparing a home in the wilderness. Dr. Allen also details the history of legal enactments for the protection of the profession in this State, and the circumstances which indicated the propriety of their repeal. In a very pleasant way the diseases prevalent in those early days, and the more important remedies in use, are given with brief detail. Some facts in regard to the early State conventions are also snatched from oblivion, and a brief allusion to the organization of the present State Medical Society. Take it altogether the address of Dr. Allen is very appropriate in character and excellent in manner.

Report of the Committee on Obstetrics, by DR. HOLSTON, of Zanesville. This is next in order in the volume, and also confers much credit on its author for the labor and care bestowed upon it, and its completeness of detail. The author of this report, as well as Dr. Allen, has gone back to pioneer times, and has given us very amusing reminiscences of the early history and incidents of practical midwifery in Ohio. The details of the “frolic”—the passing round of “*Black Betty*”—the feast of good things that awaited the friends at the termination of the great event; Dr. H. has dwelt upon these details with a refreshing piquancy, by no means forgetting to give due honor to the peculiarities and characteristics of that almost extinct creature of obstetric history, the “old granny;” for, as Dr. Holston very truly remarks, the genuine matronly granny of those early days was in

scarce any respect the counterpart of strong-minded Miss Nancy of this day, who sports in Bloomer-hat and cravat, and has the caudal affix of M.D., and is ready if necessary to pronounce a lecture on "Love, Courtship, Matrimony, and the Theory of Conception, to a promiscuous audience, without a blush on her pretty face."

The report is lengthy, but under appropriate heads a large amount of valuable matter is gathered and condensed into shape. In this connection it is also pleasant to notice that in addition to the excellent sub-reports added by Dr. H. from gentlemen of our own State, he had received two from Pennsylvania, and two from Georgia.

We find next in order a brief *Report on Microscopes and Microscopy*, also by Dr. Holston.

Obituary Notices.—Brief Memoirs of Dr. Milton Green, of Cambridge, Guernsey County, and of Dr. D. A. Fisher, Reynoldsburg, Franklin County, are made by Dr. Robt. Thompson.

The Reports in this volume of Transactions all bear evidence of unusual care, labor and research, a feature that should give fresh stimulus to the old friends of the State Society; and we are pleased to notice that the next in order, the report *On Surgery*, by Prof. Dawson, of Columbus, is peculiarly of this character, although he very modestly claims for his report as but a resumé of *Present Knowledge and Present Doctrines in Surgical Science*.

DR. JOHN G. KYLE, of Xenia, contributes an interesting paper on the *History of Veratrum Viride*, and its use in the treatment of disease.

Certainly among the most valuable papers we find in this volume is the Report on the *Topography, Hydrography, Meteorology, Mortuary Statistics, Endemic and Epidemic Diseases of Sandusky, O.*, by R. R. McMEENS, M.D., of Sandusky. Each of these topics forms a separate chapter, but beyond these titles, we have not the space to give any proper analysis of the report. Under the head of Epidemics, Dr. McMeens has given the local Epidemic history of Sandusky for many years past, large space, however, being devoted to the several Epidemics of Cholera that have visited that city in 1832–33, 1849, and 1852. Dr. McMeens also contributes a very readable report on *Uterine Diseases*.

A short but very readable report on *Medical Literature*, is made by Dr. W. J. SCOTT, of Shadeville.

Dr. Robt. Thompson contributes a short paper on *Chloroform*, having reference, chiefly to a recent death of Mrs. Morgan, of Boston, while under the influence of that agent. Dr. Thompson also made a

report on *Medical Education*, and gives some suggestions for a plan of legislation, which we should be glad to give in full did our space permit; perhaps we may recur to it at some future time.

A *Paper on Moral Insanity*, by Dr. Mead, of the Cincinnati Retreat for the Insane, concludes the volume.

We learned, with great pleasure, that the meeting at Sandusky was one of the most agreeable and harmonious sessions of the Society, and we are now gratified with the perusal of one of the best volumes of transactions our Society has yet issued, certainly the best in mechanical execution. The Committee of Publication deserve great credit.

†

Transactions of the American Pharmaceutical Association for 1857. The sixth annual meeting of this energetic body commenced its sessions in the hall of the Philadelphia College of Pharmacy, on the afternoon of September 8th. Through the politeness of our friend W. J. M. Gordon, the Secretary of the Association, we have been favored with a copy of the Transactions for the current year. Compared with previous years, the present volume of Transactions is large, and its papers and discussions are of a very interesting character. Looking over the list of members in attendance, we notice many honored names in pharmacy, some prominent throughout the Union: thus, we observe Colcord, of Boston; Meakim & Dupuy of New York; Ellis, Procter, the Parrishes, of Philadelphia; Gordon, of Cincinnati; Stearns, of Detroit; with others who are very zealous in this worthy enterprise.

The American Pharmaceutical Association is doing a most excellent work, and is manifesting itself as the right arm of practical progressive medicine. Among the most prominent objects that obtain the attention of the Association may be named, the best modes of preparing medicines, and the investigation of the merits of new remedies. Thus, we notice among the topics appointed for report and discussion at the next meeting are such questions as these: the subject of coating pills with sugar, mucilage, etc.; the preparation of Saccharides, i.e., sugar impregnated with medicinal substances, so as to facilitate their administration. Or again: the correct chemical history of Podophyllin; what are the present sources of Senega, Spigelia, and other prominent American roots, as supplied by commerce. These topics, set apart for future report, indicate very well the kind of work in which the Association is engaged, and the character of its contributions to the general fund of medical knowledge and resource.

As we have already remarked, the reports and papers swell the bulk of the present volume of Transaction to an unusual size.

In the absence of the late President, Vice-President Stearns read the Annual Address (marked with point and brevity); Charles Ellis, of Philadelphia, is elected President for the present year.

Among the papers and reports we notice those of W. J. M. Gordon and E. S. Wayne, of this city, have their place. Indeed, Mr. Wayne is a most thorough practical chemist, and his contributions to the papers of the Association are frequent and valuable.

We notice also, among the reports, one by Mr. Stearns, of Detroit, "Upon improvements in methods of rendering medicinal preparations pleasing to the eye and to the taste, and agreeable to use." This is a most important subject, and one that physicians as well as pharmacutists should take more into consideration. One strong element in the secret of Homeopathic success, undoubtedly lies in the acceptable form of their little pellets, and we are pleased to see that in a variety of ways our pharmaceutical friends are rendering both our standard and extemporaneous preparatiuous and prescriptions more agreeable to the eye and pleasant to the taste of our patients.

The Association adjourned to meet in Washington City, on the second Tuesday of September, 1858. †

Books Rcceived.—CASEAU'S MIDWIFERY; Mendenhall's Vade Mecum—new editions—and Visiting List for 1858—from the publishers, Messrs. Lindsay & Blakiston, are received: also Miller's Practice of Surgery—and Wilson's Diseases of the skin from Messrs. Lee & Blanchard; but we have not had leisure to prepare a notice of them, we shall do so soon.

EDITORIAL AND MISCELLANY.

MEDICAL COLLEGE OF OHIO.

Introductory Lecture of Prof. Lawson. The Medical College of Ohio commenced its regular winter course on the 15th of October, under its new organization, and as we are gratified to observe with favorable auspices for a prosperous session: as we learn the course opened with about one hundred Matriculants, and to this number there have been constant accessions up to the present time (October 25th); and despite the unfavorable state of monetary affairs throughout the country, we presume the class of this winter will fully meet the expectations of the friends of the College. Cincinnati must always be one of the medical centers of the Union; and thither we may

always expect to find medical men and medical students flocking for instruction ; furthermore we are satisfied that the Medical College of Ohio with its edifice, position, age, and resources must always remain the best basis of medical teaching in this city—and perhaps we might with truth say, also in the West.

The present course of Lectures was opened with the Introductory Lecture of Prof. L. M. Lawson, which was a very excellent effort, and well suited to the occasion. Prof. Lawson did not announce any definite topic, but rather indulged in a series of topics treated with brevity, and of such generalities as the occasion might naturally suggest. We understand the lecture will be published and therefore refrain from special comment that otherwise we might consider appropriate. We will however select one portion of the lecture with which we are particularly pleased. The Prof. we think made a very happy illustration of the relative position of medicine with other branches of science—as for instance with astronomy: thus he remarks as follows:

“It will be remarked that in all those departments of natural and moral science, in which the imposition would not lead to pecuniary gain, no attempt is made to impose on the credulous or superstitious. Thus in the departments of astronomy, geology, chemistry, natural history, and kindred sciences, the elaboration of a false system could not be made to yield a pecuniary gain and therefore offer no temptation to those who live by falsehood and deception. And thus certain sciences having remained exempt from the defilement of sacrilegious hands, are regarded as true beyond the possibility of doubt. What would the public say if a mountebank should elevate a new order of telescope to the heavens, and declare that your astronomer on Mount Adams, with all others, was entirely mistaken, that the law of gravitation was a mere fable ; the centrifugal forces nothing but the vagaries of a disordered fancy ; that the erratic comets are merely the fiery steeds from mount Parnassus bearing messengers to some remote colony—and in fact the moon *was* a large Western Reserve cheese. Such a proclamation I am quite sure, would be received with jeers and laughter, and the proclamer declared a fit subject for the lunatic asylum. And why? Not because the public happen to possess any very accurate knowledge on these abstruse points, but for the more simple reason that astronomy has offered no inducements for the deceiver's genius, and has, therefore, remained an uncontradicted and uncontaminated science.

“And yet this science of astronomy rests on no more demonstrable basis, is made up of no more indubitable facts, than the science

of medicine. If Grecian astronomy had her Hipparchus, Grecian medicine had her Hippocrates. While Copernicus, in the 16th century, discovers the true motion of the earth, Harvey in the 17th century discovers the circulation of the blood. If Newton deduced the law of gravitation from the planetary motions discovered by Kepler, and the central forces of Huygens; so Bichat, by the powers of his own great observations, assisted by the discoveries of his predecessors, classified the tissues, and laid the great and broad basis of pathology. Nor are the discoveries of Kepler, Napier or Newton in astronomy, more clearly demonstrable than those of Magendie, Flourens, Sir. Charles Bell, Marshall Hall, or Liebig, in medicine.

“The two sciences, indeed, although their objects and nature are so widely different, exhibit a remarkable parallel in many respects: and evidences demonstrable and philosophical, are no more decided in favor of one than the other. Nor can a spurious system of medicine be invented with more propriety than a spurious system of astronomy. *But the practical fact is different. Medicine offers a large and profitable field for imposture and deception; and the cunning charlatan does not fail to profit by the opportunity.*”—Again in reference to public credulity.—“If our pseudo astronomer were to assert that the moon *was* green cheese, he would be rewarded with the derision of the multitude: but when Hahnemann declares that the principal part of chronic diseases are produced by the *itch*, the remark is considered one of stupendous profundity, and entitles the illustrious author to the front rank in the great army of reformers.”

We might continue these quotations to further extent, with great pleasure, but as we have already said we presume the lecture will be published, and the profession will have an opportunity of reading it, as an entire production. †

THE HOSPITAL QUESTION AGAIN.

WE understand that the remarks recently made by the Junior Editor of the Observer concerning the agitation of the Hospital Question have been variously understood and *mis-understood*. We supposed our views on the matter too well known to need any special explanation—we make one now very briefly, that we may set ourselves right with our friends.

We have for years been convinced that *if the plan could be carried out properly*, it would be to the interest of the profession at large, especially so of this city, to the interest of medical teaching, and to

the interest of the Medical College of Ohio, to have the College and Hospital mutually independent.

We should like to see the Commercial Hospital manned with a corps of ambitious, scientific physicians and surgeons—not afraid of work, and whose first love and ambition would be to build up the Hospital for itself, and not as tributary or subordinate to some other enterprise.

To carry out this general idea, there are many minor plans and details which would require development, but sufficient is given to indicate our general notion; and in this connection it may not be out of place to say that in all this matter we have no feeling, no personal grievance, no personal injuries real or fancied, to redress; no enemies to punish; and we do not intentionally act in concert with any such party.

We are not sufficiently familiar with the history of Hospital Legislation to know what impediments may exist to the carrying out of such a plan. We *suppose*, however, there *are* serious legal difficulties in the way—this though is not to our present purpose, we simply express this as our view of what would be the best policy for all concerned if it *could be, or can be*.

In all this we have not changed our views for several years, except that more recently, as we have studied carefully the complexion and constitutional infirmities of the City Council we are becoming more and more confirmed in a conviction, that any changes looking to this important reform, would only open up a doorway for partizanship, and perhaps, as in the recent action of the Chicago and New York authorities, for attempts at the introduction of some form of quackery. We have not a great fear of the latter trouble succeeding to any serious extent, but we have no doubt the former would *if possible*, be made a serious ingredient, in any change our City Council might devise—a partizanship that might give us a corps of attending physicians as objectionable as a corps of Eclectics and Homeopaths.

Aside from these objections, and removing the legal obstructions if any exist, and we have no hesitation in affirming our belief, that the interests of all concerned would be promoted, by making the Hospital independent. Let there be a good course of clinical teaching instituted; a judicious subdivision of wards to facilitate observation, instruction, and the classification of facts; the building up of a pathological museum; these would be points in our plan; but if that plan can not be *carried out rightly and safely*, we should prefer infinitely that it fail entirely.

Knowing that these views correspond to a considerable extent with those of a large portion of the present faculty of the Medical College of Ohio, we have a strong hope that the essential features of this reform in the workings and medical management of the Hospital will be brought about gradually and irrespective of City Council or other legislation; indeed something has already been done looking in that direction in the appointment of adjunct professors who give clinical instruction at the Hospital, and we believe there is a disposition to extend this feature. †

COMPLIMENTS AND COMPLIMENTARY GIFTS TO MEDICAL MEN.

THERE is now on exhibition in one of the jewelry stores of this city, a splendid service of silver which was recently presented to one of our prominent Western Railroad officers, as a testimonial of the esteem and regard which the attachees of the company felt for their superior. This is all right, and is only one of many instances which are constantly occurring, where friends and associates make some solid evidence of confidence in the individual, or appreciation of earnest and long tried service. We have been struck however with the rarity with which like earnest, faithful and long tried service of medical men is recognised, by friends or patrons beyond the usual too often and more generally grudged moderate fee. We have noticed recently, however, in some of the newspapers but which has slipped our hands, a pleasant exception, that we trust will yet become less of an exception to custom. A gentleman of Boston, Mr. John E. Thayer, dying, left by bequest, to his family physician, Doctor Jackson, one thousand dollars a year, to be continued to his wife if she survives him. The compensation of medical men, in view of their labor, anxiety and responsibility, is so slight and inadequate, that there is a decided tendency to a cheapening of their quality, and also of the material of which doctors are made. Now mere gifts or bequests are a small matter, it is the spirit, and if there arises a pleasant degree of this kind of recognition of their services by their patrons, you may command for the future as in the past, the best talent, capacity and genius of the country, in the ranks of the working, untiring men of the profession. †

THE BELMONT COUNTY MEDICAL SOCIETY.

IN the present number of the Observer is an excellent article from Dr McConahey based upon the case of Cook, which was discussed at the late meeting of that Society, and alluded to in a report made in a

former number of the Observer, by one of its members. We have also received a communication from another member of the Belmont Society, complaining very severely, and reflecting with sharp censure upon the character of the report alluded to, and upon the motives of the reporter. We are satisfied, that the report of the proceedings of the late meeting of the Belmont Medical Society, was by no means impartial, and was not calculated to give a fair exhibit of the positions and opinions of the members who participate in the proceedings reported. Some of these matters have already been otherwise corrected than in the communication of "a member," and we think the spirit of his article and its personal reflections, are such as to make its publication a matter of doubtful propriety. We have made this decision with the more regret, inasmuch as "a member" looks at some of the matters involved from a somewhat different "standpoint," than either Dr. McConahey or "reporter." †

NEW ORLEANS MEDICAL NEWS AND HOSPITAL GAZETTE.—This energetic Journal is one of the most acceptable exchanges that finds its way to our table. We perceive, by the October number, that a change is made in its editorial management: Drs. Choppin and Beard withdraw from the tripod, and Dr. E. D. Fenner becomes associated with Dr. Warren Brickell. Dr. Fenner gives a very pleasant salutory, in the course of which he alludes to his previous connection with Journalism in New Orleans, as one of the projectors of the New Orleans Medical and Surgical Journal, in connection with Dr. Hester, now deceased. We welcome Dr. Fenner back to the editorial ranks with sincere cordiality, and part with his colleagues, Drs. Choppin and Beard, with a like regret. †

FROM A RECENT LETTER, remitting subscription to the Observer, we make a brief extract, not for its compliment to this Journal, but for the pleasant reminiscence brought up—the pleasant memory of the times alluded to. We trust that we are on the dawn of like days of prosperity for the old Ohio College, and eager crowding to its lecture halls.

"I like the Observer much. Remember J. A. Murphy and Mendenhall well; was in the class of '43–44, Ohio Med. College, with Locke, Harrison and Morehead, and Wright, Mussey and Shotwell, and well do I remember the crowding in the halls leading to the chemical lecture-room. Excuse this hasty line, and I will send you something else after a time. Respectfully and truly, M. B. E.

New Burlington, O.

There, Dr. E., your promise for "something else" is on record, so don't forget. †

PERSONAL.—The venerable Prof. R. D. MUSSEY has returned to this city, after an absence of some months, enjoying pleasant relaxation among New England friends and old associations. He looks well, and we trust has yet, through kind Providence, a long lease on life.

VACCINATION.—*By L. A. Smith, M.D., Newark, N.J.*—I have recently looked over the proceedings of the late meeting of the Medical Society of New Jersey, and the interesting address of the President on re-vaccination, and have amused myself in jotting down my own experience, which I send you.

I was vaccinated in 1810, and had a moderately sore arm, from which matter was taken to vaccinate others. My first exposure to small-pox was, as far as I know, about twelve years after, when I had commenced the practice of medicine, and from this I escaped. At that time I vaccinated my first child, and re-vaccinated my wife and myself. With me the virus took but little effect, and soon passed off. My wife had a pustule, not unlike other vaccine pustules at first, but more readily forming a scab, which was gradually enlarged to the size of a shilling, and was a long time in healing. This effect I have often noticed since, in other patients. She was vaccinated when an infant, in the year 1802, by the late Dr. Abram Clark, of this city; and, I have heard the doctor say, was the first person vaccinated in this State; and that he obtained the virus from Dr. Benj. Waterhouse, of Cambridge. My child, vaccinated at the same time with myself and wife, had the kine-pock perfectly, as did several other children, proving the purity of the virus. Two years afterward, having occasion to vaccinate my second child, I re-vaccinated all the members of the family. The infant took the disease, and passed regularly through it. All the rest of us escaped with a slight local inflammation for a few days. I pursued this course in my family at intervals of two or four years, till all of my children, six in number, had passed the ordeal, and all, in my opinion, were secure against small-pox. Some of them had small pustules, and in one instance a bad sore, which was long in healing. To prove that the vaccination has not worn out, I have only to state that I am very frequently attending small-pox, and that my son, the

second in the list above mentioned, has been seven years in the practice of medicine, and has been often exposed to small-pox in its most virulent form, among the poor of the city, as Ward Physician, and we have both escaped.

That vaccination disarms small-pox of its virulence, reducing it to the mildest form of varioloid, even after the contagion is in the system, has been verified in my experience in no less than four instances. In all of them I knew the patients must have been thus exposed for some days—one six—and by vaccination they all passed safely through the disease, with but little fever and short confinement, and fewer pustules than I have ever seen in other cases of varioloid.

From my experience thus stated, in part, I have formed the following opinions:

1st. That a *perfect* vaccination affords a *perfect* protection from small-pox during life, and that if this is to be done in *all instances* soon after birth, small-pox may be *eradicated*, as Dr. Jenner supposed it would be.

2d. That in many subjects one vaccination is sufficient to eradicate the susceptibility to small-pox, while in others two and sometimes more are required, and therefore it is important to re-vaccinate as long as an impression can be made. This in families can be done, as it was in my own, as new members are added to their number.

3d. That vaccination will protect the life, and greatly mitigate the distress of a patient who has already taken the small-pox, if done in time to allow the first disease to pervade the system.

4th. That the common idea, that the sorer the arm from vaccination, the better the protection, is a mistake, and that a very small pustule which goes through the regular stages, and produces a constitutional effect about the ninth day, is more generally *perfect* than one that produces great inflammation, pain and swelling of the limb, and affecting the glands. Indeed, I am always suspicious of a case where this has occurred, and take an early opportunity to re-vaccinate, and have often had my suspicions verified by a good pustule.

5th. That the virus should always be taken before the areola forms, if taken from the pustule, and with great caution, as it does, in some instances, interfere with its progress. My own practice has been to save the scab and insert it in a pulverized form, by means of Fancher's Vaccinator, which is a very convenient instrument, and saves much time, and never produces unnecessary inflammation.

6th. That the virus should never be taken from any but healthy infants, of healthy parents, and then there is little danger of propagating any other diseases, as many think may be and often is done.

7th. That eruptions often occur after the most careful vaccination, and are owing to some peculiar idiosyncrasy, although the friends of the patient believe that it was owing to the virus. Hence the importance of the last rule, which may save the physician from blame.

8th. That a small scar with pits and indentations around its border, is much better evidence of the perfectness of vaccination, than a large, smooth and glossy one, though many think that the bigger the scar the better the vaccination.

9th. In re-vaccinating a patient who has a good scar, if the matter produce inflammation and itching for a few days and then dry up, I infer that the first vaccination was *perfect*. If it does not produce any other effect than is common to a slightly abraded surface, I infer that the virus is not good, and immediately make another attempt with a new supply.

I could illustrate all these opinions by reference to cases under my own experience of 36 years, were it worth my while to write or yours to print them. In this time I have vaccinated many thousands, and have been a careful and interested observer, and have yet to hear of the first instance of any case of varioloid or small-pox in a person vaccinated by me satisfactorily, except the four already mentioned; and if these crude thoughts assist any of the junior members of the profession in their search after the better way, I shall be more than satisfied.—*Med. and Surg. Reporter*.

[The above remarks are worthy the serious attention not only of the medical profession, but of the community at large. My own experience confirms every observation of Dr. Smith. I was vaccinated in childhood, and it was not repeated until I became a practicing physician; but whenever I have had to attend a case of small-pox, I have always re-vaccinated myself, and have thus far escaped the disease. I have seen a child protected by vaccination after having been exposed several days to small-pox, and continuing in the room with other children laboring under the disease. Small-pox seems to be on the increase, of late years, and I believe it is attributable entirely to the neglect of vaccination and re-vaccination. I have observed one thing, which I do not recollect to have seen mentioned in any work on the subject, and that is, the great difficulty of making vaccination take effect in the hot summer months: and if it does take effect,

it is liable to make a bad sore. Hence, I decline vaccinating here in the months of July, August and September, unless there should be imminent danger from the vicinity of small-pox.]—F.

CATAMENIAL GONORRHEA AND SYPHILIS.—Mr. Frederick C. Skey, Surgeon to St. Bartholomew's Hospital, has recently lectured on Gonorrheal Rheumatism. The London *Medical Circular* gives us the lecture, from which we make the following extract:

“I saw some time ago another most remarkable case of this kind—the splitting in pieces of a family might have occurred from the raillery and ignorance of the hospital surgeon, but he could not see it. A respectable-looking married man came with this catamenial gonorrhea; he was very much puzzled with it, but the surgeon laughed at him: ‘So ho, my fine friend,’ he said, ‘you’ve simply gone and done it, you’ve been with the girls.’ The man said not,—that from the nature of his business it was impossible. ‘Then some one has been with the girls or with your wife, for you have the bad disorder—that’s the short and long of it.’ The man protested, till at last he swore an enormously large oath at the ignorance of us all. ‘Why, I have committed as many crimes as many men, and why should I be such a fool, if I wished to be cured, as to say if I had, that I had not had intercourse with a woman.’ I don’t believe he had, but that it was one of the dozens of cases where the irregularities of married life had given rise to a gonorrhea or blenorrhea, that I defy you to distinguish from common gonorrhea. I say there is a ‘tertium quid’ engendered during the period of ovulation or menstruation in the female, that may give rise to gonorrhea, but I do not believe in syphilitic inoculation. If you know how to treat rheumatism, you know a great deal also of this disease. Mr. Abernethy, as I said, already went to the threshold of the subject, as regards ‘rheumatic gonorrhea,’ or what you will see copied in the books and manuals as gonorrheal rheumatism. Evans and Rose and Hennen, away from the coteries of London, settled the thing for ever. You are probably aware, the prostitutes in France are all examined at stated times, and are furnished with clean bills of health? Well, Evans saw several hundreds of these women examined, and only three were diseased: but he had 153 soldiers under his care at that moment with syphilis! I say how did these 153 soldiers become diseased from these three women? How did they get it? Where was it to come from? To my mind, now, it is as

clear as that chloroform will produce insensibility, or any other fact in surgery; they got it from the clean women and not from the diseased. I told you of Torres Vedras. This army was inaccessible for a long time, and dozens of officers had intercourse with the couple of girls dancing at the theatre. These girls, mind you, in good health, yet shoals of these officers came to England with bad phagedenic sores. Do you think they got phagedenic directly, as Mr. Hunter would think, from these girls? I don't.

"Well, I'll tell you another case, and within a very short period from the present—not to go back to Torres Vedras or Waterloo, or tire you with what you will find decked out in the books of the schools—the case of a lawyer. [I am glad it's a lawyer, if it must be somebody (laughter)—lawyers are so wedded to do nothing if erroneous to the decision of their judges]. It was, in a word, the counterpart of the first case—seduction—love (the old story)—seduction, gonorrhea, and a crop of sores. I examined the lady with the utmost minuteness. I sifted this case carefully. I believe there was no disease whatever in the lady nor in the gentleman, previous to the occurrence. Yet all the—what shall I call it—legal evidence was the other way. Legal proof on medical subjects at present is the greatest absurdity under heaven; because well-bound books on surgery say one thing to a man with a wig and gown on, and because a surgeon's opinion, which is not only *viva voce* and original, but fairly worked out after thirty or forty years' analysis of facts and cases in hospitals, must be thrown to the winds, in favor of the *dictum* of some old book, or some new book copying the old.

"I say this material syphilitic infection is all a fallacy. I don't believe either in all that black-letter lore of syphilis coming from St. Domingo with Columbus in the fifteenth century. Gonorrhea is detailed in our oldest and most sacred of books.

"Mr. Skey next stated the particulars of a very interesting case—a case of most frightful phagedenic sores in a gentleman, like those of the officers sent from Lisbon, but where the disease was clearly the result of scrofula, or some such constitutional taint in the gentleman's system, aggravated by those injudicious courses of mercury, ordered for a very simple affection at first. The case was one, also, where the hymen was ruptured for the first time, but not a trace of disease existed in the lady.

"This old mercurial school, however, still holds out," Mr. Skey continued to say, "I am sorry that even men like

Sir B. Brodie still belong to it; * it is not true that a woman who will allow one man to her embraces will allow any other; and if the disease be checked by mercury—*post hoc*, etc.—that we should go on giving it! In this last patient it made all this difference; that where Rose, or Evans, or Carmichael would have cured this gentleman without mercury; in following the plan of the older schools, he was at the point of death, owing to the mercury, under the first advice in London, affecting the membranes of his brain. We shall not speak of the hideous mutilations of face and nose, the time sacrificed away from business on the sick list, and the marks which *rupia* too often leaves on the forehead and face. I am satisfied, and you will be so, too, when you see some practice, that all this old-fashioned dosing system with mercury is bad. I would almost go as far as to say, that the very worst cases of syphilis, so called in men that I have seen, have been the result of something wrong with the man rather than with the woman; and where the ‘*tertium quid*’ was aggravated by this system of giving mercury, as a piece of murderous old routine in all cases alike!

“Well, a few words now as to gonorrhea and rheumatism. Is there such a thing as spontaneous gleet! Yes—it is a catarrh of the parts; I know a gentleman who has had gleet; but he has been several months, aye years, in bed for another disease, and he had no possible manner of getting gleet.

“You will find gonorrheal rheumatism in eccentric gonorrhea; mostly in oldish people, the disease mild or the opposite, fond of fits and starts and aberrations; it is gonorrhea in a rheumatic system, † but not rheumatism connected as a secondary symptom or as cause and effect with gonorrhea. I am satisfied gonorrheal rheumatism and gonorrhea are children of one parent, and not related as rheumatism the child of gonorrhea—the parent.

* When Mr. Abernethy was investigating the nature of syphilis, he went round to all the most experienced surgeons in London, and asked two questions: first, whether syphilis is capable of spontaneous cure? and whether the primary symptoms can be removed and the disease cured without the aid of mercury? To both questions he received the well-known answer: “Both are totally impossible.” Mr. Rose, of the Coldstream Guards, a little while after showed that the spontaneous cure of syphilis is very common, while the old salivations with mercury are as entirely given up as amputations with red-hot knives.

† Dr. Fuller shows that acute rheumatism is the result of a morbid matter in the blood, and cold acts as a predisposing cause of eliciting the disease. In about 30 per cent. of cases also it is hereditary. Drs. Egan and Ricord look on “complicated gonorrhea” as always associated with urethral chancre, and where in the female there are vaginal abrasions, the disease will be followed by a mild form of secondary eruption, etc., whether these views may throw any further light on the subject may be worthy of consideration.

“I will now tell you more: I have seen *every form of syphilitic disease* as obtained from healthy women. These cases occur in the better ranks of society, with men who are above suspicion. What is sometimes shocking in a moral point of view, is of the utmost value to us pathologically. But I must not dwell on these cases. The gentlemen come to me expressing their unbounded astonishment, yet if you make the most careful search, even with the speculum, there is no disease in the lady; it would be almost a relief to one's mind to find something, but there is no disease whatever. No! it is all fallacious.”

In the September number of the Southern Medical and Surgical Journal, we find the following, which is part of a report of a case by Doct. Tate, of West Point, Ga.

March 17th, 8 o'clock A. M. Dr. D—— arrives. Upon being informed of what had been done, proposed putting the patient under the influence of chloroform, and again attempting the reduction of the hernia. The suggestion was adopted. Dr. D—— failed in his attempts at reduction. Whereupon I proceeded to operate for Strangulated Inguinal Hernia, and accomplished in this way the reduction of the strangulated portion of intestine.

At noon, two hours after the operation, patient still continues to vomit and hiccough—says he is relieved of pain at the point of strangulation, but suffers intensely near the umbilicus (to the right of umbilicus). Prescribed ʒiiss. of castor-oil, and renewal of the injections of warm water, using no salt. This treatment was continued until 10 o'clock at night, at which time I procured a pump syringe, and with it threw into the bowels six pounds of warm water, which was soon ejected without either smell or color; I then proceeded, after the lapse of an hour, to inject water slowly into the bowels, until they retained the enormous amount of one gallon.

Croton oil had been given since 6 o'clock A. M., in 4 drops at a dose, repeated every hour until 16 drops were given, without the least effect upon the bowels being manifested.

March 18th, 2 o'clock A. M. Being well satisfied that an intussusception, or other mechanical obstruction, existed above the strangulated point, and having, as I conceived, used every remedy worthy of trial in such a case, I determined to proceed upon my own responsibility, let conse-

quences be as they might; therefore, I began again the use of warm water enemas, throwing them into the bowels slowly and cautiously; and after having introduced, by a pump syringe, one gallon of water, I next dissolved 40 grs. of *tartaric acid* in 3iv. of water, introduced that into the intestine; had a large compress prepared and placed in the hands of a strong negro fellow, with instructions to apply it to the *anus*, and hold it there, so as effectually to prevent the escape of either gas or water after I should introduce 40 grs. of *bi-carb. of soda*, dissolved also in 3iv. of water. The soda was introduced, the compress used admirably, and poor Will rolling on the floor, crying at the top of his voice, "I shall burst, I shall burst—take that thing away, my bowels are tearing in two." The compress was removed; gas, water, and fecal matter escape freely, to the astonishment of all bystanders. In half an hour the same amount of warm water, tartaric acid and soda were used again, and with the same happy effect.

The only medicine given after this was calcined charcoal, which passed through his bowels with no difficulty. All being well satisfied that the obstruction was fully overcome, and Will declaring himself cured, he was discharged on the 20th.

[From the Iowa Medical Journal.]

PROF. N. S. DAVIS' LETTER.—We insert below the honorable and manly reply of Prof. N. S. Davis to the Board of Health of Chicago, who had appointed him consulting physician to the new City Hospital. The rebuke Prof. D. thus administers to the official guardians of the public health of Chicago, might well be applied to those of a majority of our cities. We may remark that the assignment of certain wards of the Chicago Hospital to the medical care of Homeopaths is rendered most glaringly absurd when we remember that these globulists have just signally failed in sustaining a hospital under their own exclusive charge, and have abandoned it. But here is the letter:

CHICAGO, July 13, 1857.

To the Hon. Board of Health of Chicago:

GENTLEMEN—I had the honor on Saturday evening to receive from your Secretary a communication informing me that I had been selected as one of the "consulting physicians of the *Allopathic* Medical Board," designed to take charge of a part of the new City Hospital.

Feeling a lively interest in whatever relates to the public health and welfare of our city, although my time is fully

occupied, and I am already bestowing daily gratuitous services on one hospital, which admits an average of 500 patients annually, I would cheerfully assume the discharge of such additional duties as your proffered appointment would impose, had it been offered to me in an unobjectionable manner. But you ask me to become consulting physician to an "*Allopathic Medical Board*." The word "allopathy," as applied to medicine, means a system of curing disease by *contraries*, that is, by setting up one disease in the system to eradicate or cure another. Although I have diligently studied and practiced medicine for more than twenty years, I must acknowledge that I know of no such system of medicine, and am profoundly ignorant of any class of men who pretend to practice any such system.

The word itself, as applied to the great body of physicians, conveys a libelous falsehood, which I will never sanction by accepting any appointment with which it is associated.

True and legitimate medicine acknowledges no *pathy*—no *ism*—no exclusive dogma of visionary enthusiasts; but it consists of the facts which have been gathered from every department of human knowledge by the accumulated experience, observation, and research of centuries, and their application to the prevention and cure of disease.

But I have another objection to accepting the honor you offer. Whatever professional reputation (if any) I may have gained by twenty years of hard labor, would necessarily attach more or less to any public institution with which I might be connected, and this, too, without reference to its subdivisions or departments. Hence I could not, either consistently, or conscientiously, allow my name to go before the public in connection with a hospital, a part of which is devoted to the treatment of the sick in accordance with an exclusive *pathy* or *pretended system*, which has already been fully tried and abandoned in the hospitals of almost every country in Europe. If your honorable body choose to make use of the poor and ignorant who may fall sick in our city, (for it is such who fill all public hospitals,) to test the merits of the various *pathys*, and *isms*, and humbugs of the day, you must do it without my assistance or sanction.

With sincere thanks for the honor which you intended to confer, I most respectfully decline to accept it. With much respect, yours, etc.

N. S. DAVIS.

OXIDE OF ZINC IN NIGHT-SWEATS.—Dr. S. L. Abbot, of

Boston, reports in the *Boston Medical and Surgical Journal*, the result of the use of the oxide of zinc, in combination with the extract of conium or hyoscyamus, in the treatment of the night-sweats of phthisis. In all of these cases, one only excepted, the sweats were readily brought under the control of the remedy presented, being either completely checked or greatly diminished. His usual dose was four grains of the salt to three of the extract, given in two pills, at bed-time. In a subsequent number of the same journal, Dr. J. B. S. Jackson, of Boston, relates his confirmatory experience of the benefits to be derived from the use of the salt alone. It was administered freely whenever there was perspiration enough to require treatment, and without any regard to the stage of the disease. Seven grains were given in substance, generally at bed-time, but also during the day, at intervals of three or four hours, if necessary. Sometimes ten grains were administered, without any unpleasant effects being complained of. Dr. Jackson also states that excessive perspiration may probably be successfully treated by the zinc, when it occurs in other diseases. He himself employed it with beneficial results in two cases, one being that of a person who suffered from copious night-sweats while convalescing from intermittent fever, the other that of a strong, healthy man, under an attack of acute rheumatism, who had the profuse perspiration that so often accompanies this disease. He has also seen perspiration checked under its use in a case of cancer of the womb.

DYSENTERY.—Dr. J. L. Abernethy, in an article in the *Southern Journal of Medical and Physical Sciences*, contends that the inflammation of dysentery is not common but specific in its character. The chief reasons adduced for the opinion, is that it has a special locality, viz: the sigmoid flexure of the colon and vicinity; that it prevails epidemically or endemically at certain seasons; that the disease presents quite a different lesion from that observed in gastritis, enteritis, etc., and does not yield to treatment ordinarily adapted to inflammation.

ELECTRICITY IN THE SUPPRESSION OF THE LACTEAL SECRETION.—M. Bicquerel, in a late communication to the *Société Médicale des Hôpitaux de Paris*, has made some remarks upon the influence of electricity in restoring the secretion of milk. His attention was called to the subject by a case related to him by M. Aubert, who had employed electricity in the

case of a young woman, whose milk had been suppressed in consequence of a double pneumonia. The electricity was applied to the breast by means of moist excitors, and after four applications, each lasting twenty minutes, the lacteal secretion was completely restored.—*British and Foreign Medico-Chirurgical Review*.

GONORRHEA.—Mr. Dallas, of Odessa, confirms the statements of Taddei, Marchal and others, that copaiba injections afford the most efficacious treatment of gonorrhea. He reports sixteen cases cured, without internal remedies, by repeated injections of the following mixture: Copaibæ, dr. 5; vitell. ovi unius; ext. opii, gr. j; aquæ, oz. viij. Dr. Henry Hancox (*Lancet*, Aug. 1856) pronounces buchu as effectual as copaiba in the treatment of gonorrhea.—*Med. Chir. Rev.*

HOMEOPATHY IN HOSPITALS.—The experiment of Homeopathy as applied to hospital practice has been tried in several instances, and has invariably proved a failure. The example which has been most frequently appealed to as a triumphant proof of the success of Hahnemann's doctrine is the Homeopathic Hospital at Vienna, or rather in the suburbs of that city, under the charge of Dr. Fleischmann, the statistics of which have been frequently cited as an instance of a low degree of mortality hitherto unparalleled. But these statistics have been proved, by Dr. Gairdner, of Edinburgh, in so clear a manner to be fraudulent, that the homeopaths themselves are heartily ashamed of them and have ceased to quote them. Lately a homeopathic hospital, which had been for some time in a languishing condition in London, has been closed as a dead failure. Under these circumstances it may appear surprising that the Board of Health of the city of Chicago have appointed two Boards Medical Attendants in the City Hospital lately established there, one of physicians, the other of homeopaths, to each of which separate wards are assigned; and that the Governors of Bellevue Hospital in the city of New York, have established a homeopathic ward in that great institution.

The ignorance displayed by some of the guardians of public health in this country is lamentable. An examination into the condition of homeopathy in America, at the present time, will explain in a measure these strange occurrences. The fact is, that homeopathy, as such, no longer exists among us. The absurdity of infinitesimal doses, so utterly repugnant to common sense, and so disastrous in its application to

cases of disease which require treatment by drugs, is abandoned by the great majority of practitioners of homeopathy, who have had the sagacity to perceive that otherwise their practice would abandon them. No sane homeopath now treats a patient, who has swallowed poison, with infinitesimals, nor gives such medicines in a case of diarrhea, cholera infantum, fever and ague, and many other diseases in which medicine is of specific use. It is true that in many cases of self-limited disease, in which *no medicine* is required, he administers infinitesimals in order to preserve the appearance of consistency; and it is true that, as a general rule, he gives his medicines, when he gives any, in as concentrated a form as possible, for the same reason, though we have seen prescriptions written by homeopaths in large practice, which differed neither in substance nor in dose from those of regular physicians. To be sure, he *pretends* to practice on the principle of *similia similibus*; but as his practice resembles that of regular physicians, he maintains that *they* unconsciously practice on the same principle—just as M. Jourdain had been speaking prose all his life without knowing it!

It may be asked, if the practice of homeopaths be the same as that of regular physicians, what objection can there be to employing them in hospitals? There are two very good objections: in the first place, a man whose practice is a deliberate fraud upon the understanding of his clients, is not fit to hold any office of trust, and his appointment to such office is an insult to a liberal profession. In the second place, homeopaths generally are notoriously ignorant of the principles of medicine and of the collateral sciences so necessary to the successful practice of the art of healing. We all see almost daily instances of their errors in diagnosis, and in many cases such errors have proved fatal to the patient. No one *can* be accomplished in the science and art of medicine and be a homeopath, and we have yet to learn that such an instance has occurred.

Handsome Bequest.—A valuable addition has been made to the Geological Cabinet of Yale College, of all the geological drawings of the late Dr. Mantell, of England, the distinguished author of the *Wonders of Geology*. Dr. Mantell died in 1852, bequeathing these drawings to the College. They were forwarded from Europe by Dr. Mantell's son, and have arrived at New Haven.

GELSEMINUM SEMPERVIRENS IN GONORRHEA.—In the Charles-

ton Journal, for July, we find a letter from Dr. Jno. Douglass, of Blackstock, S. C., recommending the tincture of yellow jessamine root as a most valuable remedy for gonorrhea. He says he has treated many cases, with uniform and speedy success. He says that in every case he has treated, the dose, night and morning, has been such as to narcotize the patient, though he does not know that it is necessary to push the remedy to this extent. A handful of the root has been thrown into a "common junk bottle of whisky," and in a day or two, a tablespoonful of this has been given night and morning.

We have never given this remedy for gonorrhea, but we have seen it administered in the shape of "Speed's fever tonic," a quack nostrum used in Mississippi (which is nothing more than a strong tincture of yellow jessamine,) and we have seen the eye-lids droop, and all the symptoms of severe narcotism ensue, under far smaller doses than those indicated by Dr. D. The tincture is evidently a medicine of great power, and should be used cautiously.

[A friend, writing from Illinois recently, speaks of the jessamine, and says that Dr. Ruffner, of Greenup, has found it to exert decided antispasmodic effects.—*Ed. Med. Ob.*]

ON THE TREATMENT OF GONORRHEA WITHOUT SPECIFIC MEDICINES.—Having stated the necessity which existed for basing all decisions as to the value of remedies on written cases only, and for examining carefully the properties of one remedy at a time, till its true value had been ascertained, the author proceeded to give the result of his inquiries as to the action of certain curative measures in uncomplicated cases. All cases having been rejected which were not traced to their termination, it was found on careful analysis that the anti-phlogistic plan of treatment did not appear to exert any material influence over the course of the disease; that waiting as many days with the same amount of rest and low diet, was equally serviceable. Local bleeding, to whatever extent it was carried, was not found to produce any real abatement of the symptoms, it only made the patient more languid and indifferent; aperients and purgatives, with zinc injections, were about equal to specifics, as were also injections of nitrate of silver used without medicines. A combination of these formed a useful but not a certain plan of treatment. The result of the inquiries was, that chloride of zinc, in whatever way used, was not superior to the nitrate of silver; that injections of either could not be relied on; but he denied that any proof of their producing stricture or

orchitis, except in a very small number of cases, had been brought forward. The author then recommended the preparations of potash as the most certain remedies yet introduced. Mr. Langston Parker, Mr. Henry Thomson, and many other surgeons had tried them with complete success.—*Med. Times and Gazette*.

NITRATE OF POTASH IN DYSENTERY.—Dr. Tiedeman, of Philadelphia, has issued a pamphlet on Dysentery and its Treatment. He says: “The *internal* remedy which I have almost exclusively prescribed, and frequently with surprising success, is *nitrate of potassium* (*kal. nitr.*) I have given it in large doses, which agreed perfectly well with the patients. *Locally*, I have ordered, immediately after each evacuation, no matter how often they occurred, *injections of pure cold water*. In very severe cases, particularly in hot weather, he has ordered injections of ice water, with the best effects. As diet, I ordered milk, gruel, barley, rice-water, toast and water, pure water, and butter-milk, as much as the patient liked to take.”—*Nashville Journal*.

DR. CH. ROBIN, OF PARIS.—We find in a letter of the Parisian correspondent of the New York Times, a glowing but just tribute to Robin. Of the medical luminaries of Paris, he is a “bright particular star.” To listen to his instructions; to see and know him and kindle one’s own zeal by witnessing his enthusiasm and self-sacrificing industry, are objects of themselves, sufficient to repay for crossing the Atlantic. The labors of Robin are not known in this country so much as their importance claims. His great work, incorrectly styled anatomical and physiological chemistry, prepared in conjunction with M. Verdeil, is yet to be translated. He has been for some years past engaged on a still larger work—general anatomy, healthy and morbid—which we trust will soon be completed. It is safe to predict that the publication of this work will form an important epoch in the history of these branches of medical science. By his admirers, Robin is often styled the Bichat of the present day. The following is the passage in the letter referred to:

“There is a young physician at Paris, whose example is well worthy a notice here. His is a name which is heard hundreds of times daily from one end of Europe to the other in the mouths of the most distinguished men of science of all countries. And yet he is a poor man, who dines at a cheap restaurant in the Latin quarter with students, and who

lives upon a patrimony that would scarcely pay the servant hire of many of his colleagues in science. This is Robin, the microscopist. He is a deathly-pale, thin, serious-looking young man, of about thirty-four years of age. His whole life is devoted, by means of the microscope, to the study, the demonstration and classification of morbid tissues. There is scarcely a cancer excised at Paris, nor a doubtful *post-mortem* examination made, that Robin and his microscope are not consulted, and his word is authority. His whole life is spent in the exploration of the dead body in order to benefit the living. And all this he does modestly, in poverty, and to the sacrifice of his health, for the promotion of pure science and correct opinions. He has, it is true, the gratification of being adored by his colleagues, old and young, of never having his name pronounced but with veneration; but it is such men as these that are neglected by the public."

SMALL-POX AND ITS VARIETIES. By A. W. McDOWELL, M. D., OF BEDMINSTER, SOMERSET COUNTY, NEW JERSEY.—The question of vaccination, and its protective powers, has much agitated the profession. A large number contend that it ought frequently to be repeated. It is the duty of all of us to furnish such facts as may have fallen under our observation, and then to let the profession judge for themselves.

CASE I.—On the 20th of February, 1848, I was called to see James H., a young gentleman from New York, on a visit to his relations, who reside in the country. When I first saw him, he was complaining of a pain in his head, and had much nausea, which he thought was owing to a foul stomach, as riding in the cars had often affected him in such a manner. I prescribed an emetic of antimony and ipecacuanha, which relieved some of the symptoms, but he still complained much of his head. I left him a dose of calomel, to be taken in the morning, to be followed by Epsom salts. When this operated, his head seemed relieved; but as his stomach still continued much disordered, and there was much fever, I gave him an effervescing mixture and sweet spirits of nitre.

About the second day some vesicles began to appear upon his face and body. They came on gradually until there was a dozen upon his face. They were *conoidal*, with an inflamed border. On the second day they contained a pale yellowish fluid. About the fourth day some commenced scabbing, and left permanent marks. They *never* flattened. On the ninth day he was worse, and had secondary fever. At this time I

had much chicken-pox in my practice, and pronounced this a case of the same kind; but I was much mistaken, as the sequel will show. It was a case of genuine varioloid.

CASE II.—On the 17th of March I was called to see W., a young man in the same family where the above-mentioned young man was visiting. He also complained of his head, and called my attention to a curious eruption over his abdomen, which smarted and itched very much. It occupied the pubic, and extended over both iliac regions from one hip to the other; and presented exactly the appearance of a scarlet rash. There was no eruption elsewhere upon his body. There was no sickness of the stomach, and no pain in the bowels; the pain was confined to the head, and there was slight fever. I gave him an active dose of calomel and jalap; he was not confined to his bed. On the 20th, he was walking around out of the house; it was a raw, damp day. In the afternoon he sent for me; he was chilly, and felt stiff in his limbs. He still complained of his head; I gave him some antimony in solution—as much as his stomach would bear. On the 21st, continued the same treatment; on the night of that day he was quite flighty; on the 22d he was no better. I had hardly reached my home after the morning visit, when a messenger arrived and told me that my services were again required—that the young man was in fits. I repaired to the house immediately, and found him in convulsions, foaming at the mouth, and tossing his head incessantly from one side of the bed to the other; subsultus tendinum, so severe that it was only at intervals that I could judge accurately of the state of his pulse; constant motion of one arm or one leg; total inability to swallow; pupil of the eye dilated, and insensible to the strongest light; breathing stertorous; the rash had disappeared. In consultation with a neighboring physician, we determined that our best chance was to bleed freely if the system would allow us. Accordingly we bolstered him up in the bed, and opened a vein. The blood flowed freely, but was very black. After bleeding we put his feet in warm water and ashes; he lay quiet while his feet were in the water. We then applied mustard sinapisms. We met again in the evening, and determined to bleed again, as the pulse had risen in volume. The blood was very dark at first, but gradually became a lighter hue. After the first bleeding there were no more fits, but the other symptoms continued the same. We now commenced rubbing the spine with strong mercurial ointment. In the morning, the patient continuing the same, we gave him three drops of croton oil;

this vomited and purged him freely; he passed his feces in the bed; his urine also flowed involuntarily. This evening, in swabbing his mouth, a little water trickled down, and he put up his hand and wiped it away; he also gaped. He was still insensible. On the morning of the 24th he awoke and spoke. He was perfectly unconscious of the interval from the morning of the 22d to the 24th; so that he lay insensible for forty-eight hours. The rash never returned upon his abdomen, but came out slightly upon his breast. His memory continued weak for some weeks, but he gradually improved and got perfectly well. He is a hearty man to the present time. It is a little singular, that a little girl, a child of this gentleman, had a singular eruption about the knee-joint, but had no fever with it. All these patients had been vaccinated.

CASE III.—Working for the last-mentioned gentleman, who is an extensive farmer, were two black men, who with their families live in a house a short distance from the gentleman's dwelling. The one family consisted of the husband, wife, and four children; the other family, of a man and his wife. Of the children, two were vaccinated, two were not; of the other family, the wife was unprotected.

The black woman with the family washed the last shirt worn by the first patient. To this shirt scabs must have adhered. After washing the shirt in warm soapsuds, she washed her children's clothes in the same water. The next Sunday she put clean clothes upon the child that was unprotected, and on the 21st the child broke out with genuine small-pox. On the 23d it began to show its true character. This black child had never been to the house; it caught the disease from the clothes. The other child, not having clothes on just from that wash, did not break out at that time. In this case, the small-pox ran its ordinary course, and the patient got well.

CASES V. and VI.—In two weeks' time from the commencement of the eruption in the last-mentioned patient, two others broke out with the small-pox—the other unprotected child and the man's wife; I vaccinated both of them, but without effect. They both had small-pox, and both recovered.

As they had but one room in the house for each family, the children that were vaccinated were in the same room with those that were sick, and were exposed to the contagion; they remained perfectly well. The mother of the children had been vaccinated several years before; she took care of the children; she had a slight rash upon her, was somewhat

unwell, but did not get down. The husband of the black woman that had the small-pox was vaccinated twelve years before; he took the sole care of her, and was well all the time. On the day the first-mentioned child broke out, there was a black woman with her child visiting there; they were both unprotected. I vaccinated them; the ninth day of vaccination was the fourteenth day of exposure, when the second patient broke out with small-pox—(I lost a few days by not having good vaccine virus). But vaccination obtained the victory. She had a few pocks and some fever, but some Epsom salts soon cured her; the child remained well.

From these cases it can be seen that it is *not* necessary to vaccinate every seven years, as some contend; and that vaccination will check small-pox, even after exposure to the contagion, provided the virus has time to enter into the system. In connection with these cases let me mention an experiment I tried at this time. An elderly gentleman had been inoculated in his childhood with small-pox; I vaccinated him; it took well, and ran the usual course of vaccine virus.

CASE VII.—At that time I had been vaccinated twenty-five years; it has never taken upon me since. I was exposed to all the contagion of small-pox. The varioloid and other patients did not affect me; but after being exposed to small-pox at the time the last-mentioned patient broke out, it disordered my head, giving me a very bad headache; it impaired my appetite so that I had no inclination for food, and my tongue was furred. I took a little physic, and in a day or two the symptoms passed off; at the end of two weeks these symptoms returned again, but in a much milder form.

These cases are interesting in several particulars. The varioloid in the first case so much resembled chicken-pox, that it was impossible to distinguish it by the mere eruption from some of my chicken-pox patients. The varioloid produced a singular rash in the second case. This rash never became vesicular or pustular—it was a simple rash. And yet this simple rash produced very alarming consequences after the patient exposed himself to cold. That varioloid, in the unprotected, produces *genuine* small-pox, thus showing the identity between it and small-pox. And lastly, vaccination proved itself in these cases all it has been represented—namely, if fully in the system, it will completely preserve from the small-pox.

CASE VIII.—On the 29th of June, 1854, I was called to see a young lad in the village of P. The family, consisting

of his father and mother, and several older children, moved from New York during the month of May. They occupied rooms in the upper part of the house. The older daughter had caught the varioloid in New York, and they brought the complaint along with them. They were all strangers to myself and the inhabitants. When I was called to see the lad they gave me no information, fearing the neighbors—knowing they dreaded the disease. When I saw the patient he was drawing his breath hard, and labored very much; face flushed, pulse slow. There was evident congestion of the lungs; I thought that was the nature of the complaint. I gave him a dose of calomel, to be followed by castor oil, and put a mustard-plaster upon his breast. The next morning I called to see him; I then noticed a fine rash coming out upon him. I asked his mother, "Have you the small-pox?" "No, sir." "Have you the varioloid in the family?" She thought they had. "What had you done with the little boy before I saw him?" "I washed him with saleratus-water." "Had he a rash?" She thought so. Then the disease was plain to me; it was small-pox. For three days after this he had constant spasms, with subsultus tendinum, and very flighty. The only way I could manage was to put him in a warm bath two or three times a day, and keep cold water to his head. I also gave him internal medicines; under this treatment the spasms subsided, and the eruption came out upon him. I had to poultice his hands and feet to bring out the eruption upon them.

The weather was quite warm; the lad was in the second story, directly under the roof. When I turned the bed-clothes down to look at him, a very strong odor arose. I thought if I escaped, vaccination was a sure protection. I did escape. I was vaccinated some thirty years before, and never since. His mother took care of him; she had been vaccinated several years before; she continued well.

This was a malignant case, the weather was hot, the smell great, and we were all exposed; we depended upon vaccination alone, and that done many years ago, and that protected us.

These cases made me think that vaccination, *once properly performed*, is a sure preventive. All these patients got well: not one of the number died. These cases made a strong impression on my own mind, and I hope they will prove interesting and instructive to my younger brethren.—*American Journal of the Medical Sciences*, Oct. 1857.

THE CINCINNATI MEDICAL OBSERVER.

CONDUCTED BY

DRS. GEO. MENDENHALL, JNO. A. MURPHY, AND E. B. STEVENS.

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ORIGINAL COMMUNICATIONS.

ART. I.—*Trial for Poisoning*, by THEOPHILUS PARVIN, M. D.,
Indianapolis, Ind.

A colored man, cook in one of our hotels, was accused of having put arsenic into the coffee of which some thirteen persons partook, the alleged poisoning taking place on the 2d of March last, and the trial in the Marion Circuit Court terminated about a week since. The judicial investigation developed some of the richest medico-legal evidence that ever a grave judge and jury heard; on the one side were four members of the regular profession, and on the other an army of nondescripts, the sum total of whose chemical knowledge would hardly entitle its possessor to a copy of Comstock's Chemistry. I should make one exception—the teacher or professor of chemistry in the Campbellite College located at this place, was in the number, but not of it; he knew too much to commit himself to the absurdities and nonsense which his co-witnesses uttered.

I have not the time, nor is the OBSERVER the medium in which to recount all the evidence introduced by prosecution and defense, but merely and briefly that given by the medical and chemical witnesses.

Of the thirteen persons who partook of the poisoned coffee.
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fee, twelve were, in periods thereafter varying from a few minutes to a few hours, taken sick, exhibiting the symptoms of irritant poisoning, and various remedies, such as emetics and demulcents, were given by Dr. Bullard, but *no antidote*, simply because he found the other means sufficient for their relief. The thirteenth, though suffering some when the others did, refused to take any medicine, and a few weeks subsequently came under Dr. Bullard's care, exhibiting the symptoms of arsenical dropsy, and partial paralysis. Dr. Parry and Dr. Kitchen, who visited the patients with Dr. Bullard, also testified as to the symptoms they presented, and in general as to arsenical poisoning. Doctors Bullard and Kitchen were examined too, as to the conclusiveness of the chemical tests resorted to to detect the arsenic in the coffee. Dr. Bullard had to run the gauntlet of a long cross-examination, embracing the various effects of the different metallic poisons, "hog-cholera," "milk-sickness," cholera morbus, et cetera, et cetera; but they found the doctor too well posted to make any thing thereby for their client upon these improbable hypotheses.

The analysis of the coffee had devolved upon the writer, and, as the richest portion of the trial occurred in the cross-examination of the experts, who were called by the defense to rebut my evidence, I may be pardoned for giving the essential parts of that evidence.

Merely as a preliminary experiment, I decolorized a portion of the coffee with chlorine, filtered and applied heat to drive off the chlorine; the liquid was then diluted with distilled water, and tested with the ammonio-nitrate of silver, ammonio-sulphate of copper, sulphureted hydrogen, and sulphuret of potassium, and tolerably satisfactory results were obtained.

I then introduced a portion of the coffee into an extemporaneous Marsh's apparatus, of course using distilled water, and having previously tested the sulphuric acid and zinc, and procured thus some very fine rings and stains, answering in their several physical characters to metallic arsenic. Moreover, the stains were volatilized by heat, were soluble

in hypochlorite of soda, dissolved in nitric acid with heat, and a solution of nitrate silver added, they yielded a brick-red precipitate. By holding an inverted test tube over the flame of the apparatus, a deposit was obtained upon its inner surface; a solution of this deposit was made which yielded with the re-agents previously mentioned, the precipitates characteristic of arsenious acid.

Then by Reinsch's process a deposit was procured, the copper wire heated in an open tube, a solution made of the substance driven off by the heat, and this solution tested as the previous one was, and likewise with satisfactory results. I found in the coffee grounds a few very small particles of supposed arsenious acid; these were dissolved, yielding with two of the liquid tests the characteristic precipitates; but I did not attempt to reduce these particles to the metallic state, simply because no suitable tubes could be obtained in our city, and because the other evidence was conclusive to my mind of the presence of arsenic in the coffee. I did not search for octohedral crystals, nor could I be assured of a garlic odor. The defense, of course, could believe in nothing but a garlic odor, octohedral crystals, and the reduction test by Berzelius's tube, quite innocently and completely forgetful throughout of the case of the reduction by Marsh's apparatus.

The first medico-chemical expert was old enough and dignified enough to be possessed of profound wisdom and knowledge, though sometimes at least, even in the regular profession, we find men with many years, and much strutting dignity, who are in happy ignorance of the English language. Our eminent friend graduated in 1839, saw Marsh's apparatus previous to that time, and also two years subsequently (you recollect this was suggested in 1836, and it was not until some time after that it was relieved of all the complications suggested by its inventor, and made convenient and satisfactory; and though it may be uncharitable, and I may be in error, yet I have a slight suspicion that the witness was mistaken in his dates). He thought my experiments satisfactory as far as they went, but he would have carried

them a step further—he would have converted the arsenical stains into arsenious acid, by *applying heat* to them, and then tested; thought the symbol for arsenic was *Ar.*; couldn't tell the exact composition of arsenious acid; didn't know why nitric or sulphuric acid ever contained arsenic; didn't know how they were made; an *anecdote* (now don't let your compositor make that word *antidote*,) in the strict medical sense of the term, is what relieves or removes: the anecdotes for arsenic are of three kinds—1st, emetics; 2d, demulcents; and 3d, the carbonate of iron, with some other preparations of iron which he could'nt remember. The venerable doctor was asked what the object of the ammonia was in the nitrate of silver and sulphate of copper tests, and though he said “he guessed he could work it out,” he lost himself in the fog of chemical re-action, and had to abandon the attempt. I believe I have mentioned the substance of his chemical evidence, though it is quite probable some as rich as those I have recorded escaped me in the deluge of blunders. The next witness repeated *verbatim* the long list of symptoms of arsenical poisoning laid down in the United States Dispensatory, including the “*uncontrollable priapism*” and the “*horribly fatid stools*,” with a gravity such as would become a judge, and an *ore rotundo* such as any orator might envy.

Next in order, I believe, came one of your Cincinnati graduates—(this gentleman, I have been told, was once a very respectable tailor, but, alas! what a fall, he was duly dubbed a physio-medical doctor)—and Cincinnati is becoming as famous for its *doctor-ferens* institutions as for its sanguinary zeal against the porcine race: pray tell me, is there any connection between the two? a friend suggests *suicides* and dissections, an abundance of lard oil, and wasting “the midnight oil.” Our physio-medical friend gravely informed judge and jury that he had treated frequent cases of milk-sickness, and of arsenical poisoning in our city; the antidotes he used for arsenic were oil of lobelia and oil of capsicum, and this treatment was always successful! Now there's a doctor for you, and I don't believe they make any such side of Cincinnati—I hope not, at any rate. Among

the medical witnesses was another of your Cincinnati graduates, an eclectic. This gentleman vibrates between the pulpit and the pill-bags, sports a not immaculate clerical cravat, and a luxuriant sorrel beard. The most important fact developed in his evidence, in addition to the one that he knew but precious little about the matter, was an original mode of procuring metallic arsenic from coffee containing arsenious acid—he would add to the coffee charcoal and potash, (what a *lye*!) and boil. It would be worse than any of the boils Job had, if he were obliged to work until he procured pure metallic arsenic by this process! Don't you think the Milkenium would slightly anticipate his arsenical ring?

The professor, to whom I referred, substantiated my evidence in all essential particulars.

There were likewise two young men ambitious of notoriety, and with just enough knowledge to show their ignorance, called by the defense; one of these had seen arsenical crystals once in Cincinnati, but “wasn't quite near enough to distinguish their form!” The other thought the garlic odor and the octohedral crystals were the most reliable tests, because Comstock mentions these, and his is a *text book used in colleges*; this person—I can call him but a boy—prefaced his evidence as to octohedral crystals by an attempt at profound observations upon the general subject of crystallography, and the *sesquipedalia verba* poured from his mouth.

There still remain two medical gentlemen to be noticed. One of these was venerable with years, but very shallow in his knowledge of the subject, and but little inclined to venture into the, to him, deep water of chemistry; he talked somewhat upon “pizen,” and the “milk-sick;” believed in emetics, demulcents, and the carbonate of iron as the antidotes for arsenic.

To make the catalogue complete, of course there must be one of these infinitesimal moonshine doctors brought in the army of the defense. You must not ask the name of this distinguished individual; just use any interjection, as Pshaw! and *stet nominis umbra*. Our infinitesimal didn't believe in the liquid tests; didn't believe in Marsh's test, because it

was too delicate ; didn't believe in any thing but the production of arsenious acid, so he could see it and examine its crystals. When asked if there was any substance in nature beside arsenic which would produce the combined results of my experiments, he didn't know, but then there might be ; his antidote for arsenical poisoning was the proto-carbonate of iron. He sought the witness's stand next morning, apologized for not doing better the previous day by saying that he was suffering from a bad headache ; and then stated, among other things, that substances were mentioned in Taylor's Medical Jurisprudence that would produce these combined results ; at this juncture, a copy of the work was handed him, but he couldn't find what he had just stated, and then he said that wasn't the edition he had examined ; the attorney for the prosecution then requested him to bring him, any time during the trial, his copy of Taylor containing such a statement as he had made. I need not say the doctor didn't comply with the request. Not one of these pseudo-experts placed himself in a more unenviable position than the man of infinitesimals.

The gentleman who detailed so completely the symptoms induced by arsenical poisoning, a practitioner of the old school as men say, I am sure could have given accurately the antidote for arsenic. With this exception, it is worthy of note, that not one of the physicians who were with him could tell the antidote. These nondescript irregulars were never better exhibited in their true characters, and if they had intelligence enough to realize it, they would feel themselves sorely discomfited. Whether the people generally could see through their shallowness and presumption, or not, I can not tell—the jury certainly did.

Messrs. Harrison and Tarkington conducted the prosecution, and, in their speeches to the jury, nobly vindicated science and the regular profession, and gave the quacks some pretty severe blows. Mr. Harrison, who comes from your county, is deserving of all praise, and seldom has one so young made as able a speech ; his present is more than those who do not know would judge, and his future is full of promise.

Mr. Ellsworth, the principal lawyer for the defense, made a very ingenious and eloquent argument, dwelling especially upon the facts that no antidote was given to those who partook of the coffee, and yet all recovered; that no quantitative analysis was made, no octohedral crystals examined, no garlic odor detected, no reduction in Berzelius's tube.

The judge charged, among other things, that it was not necessary that the quantity of arsenic in the coffee should be shown—its presence was sufficient evidence of the intent to poison.

The jury were absent but a few minutes before they agreed upon a verdict of *guilty*, thus proving that they believed the regular profession and the evidences of science in preference to the fictions and the follies of ignorance and presumption.

ART. II.—*Remarks on Epidemic Dysentery*. By A. P. DUTCHER, M. D., Enon Valley, Pa.

DURING the last ten years, I have witnessed two visitations of epidemic dysentery in this vicinity. The first occurred in 1847, and the second in 1852. Each of these epidemics were characterized by symptoms directly the reverse of each other, and, so far as my observation extended, required opposite modes of treatment.

The epidemic of 1847, commenced about the first of September, and continued until the first of November; few new cases applied for treatment after this time. The disease first made its appearance on the high hills adjacent to the Big Beaver Creek, and extended thence on either side, east and west, for a distance of fifteen miles in breadth and twenty in length. I did not hear of many cases outside of these bounds. It may not be out of place here to observe, that during the early part of the season, the weather had been unusually cold and wet. The late frosts had injured the grain, and destroyed most of the fruit, and garden vegetables were very scarce. At the time the epidemic commenced, the thermometer ranged

at about 60 in the morning, from 80 to 90 between twelve and three o'clock, P. M.

In most cases, the invasion of the disease was insidious. The individual would at first complain of being stupid, with headache, slight chills in the morning, want of appetite, and wandering pains in the bowels, with frequent discharges from them of very liquid fecal matter, but no blood. The pulse at first would scarcely exceed its normal standard in frequency, it was also generally very soft. The tongue was but little coated, and not much thirst. No tumefaction or tenderness of the bowels. The urine was scanty, but not high colored. At night he would have slight fever, and all the above symptoms would be somewhat aggravated, and, as morning dawned, they would become less active, and he would get some quiet sleep. If, at this stage of the disease, the individual was so fortunate as to quit his business and subject himself to proper medical treatment, the disease was soon arrested, or run a very mild course, and he was speedily restored to health. But when the disease was neglected, and the individual continued to pursue his avocation, particularly if it was a very active one, it would not be more than two or three days before all the symptoms would assume a very acute character. The pulse would become very small, and rise to one hundred and twenty in a minute. The pain in the bowels extreme, tenesmus incessant, and the discharges little else than blood, mucus, and large quantities of serum. These discharges, if not arrested, would very rapidly exhaust the patient's strength. The pulse would fail, the skin become cold and clammy, the countenance pinched, the mind wandering, and in many cases they died comatose on the sixth or ninth day from the commencement of the attack.

This epidemic was not confined to any particular age or sex. Where one member of a family had the disease, the remainder were almost sure to have it, and those who did escape, were as fortunate as he who came unscathed from the field of battle. The mortality in some sections was very great. Very many, to my certain knowledge, died for the want of proper care and medical treatment. As in all epi-

demics, so also in this, many from the first became panic-stricken, and would eagerly take any article that was proposed as a remedy. Nothing appeared to be more injurious than either purgative or cathartic medicines, and where they were resorted to ignorantly, they were attended with the most disastrous consequences. I remember a family of seven, who had the misfortune to fall into the hands of a Thompsonian quack, who made it an invariable rule in the treatment of all diseases, to commence with an emetic of lobelia, followed with a cathartic dose of mandrake; the result was that six out of the seven died in less than ten days, and the seventh just escaped with his life.

From the symptoms of this disease, it will be readily inferred that it was something more than common dysentery. The lesion, whatever it was, evidently extended from the smaller to the larger intestines. This was manifest from the large amount of serum that was present in the stools, from the commencement, and throughout the whole course of the complaint. For it has been pretty well settled among pathologists, that inflammation of the larger intestines is attended with very little discharge of serum. Blood and mucus are the more legitimate products of these parts, under either irritation or inflammation. It was this peculiar condition of the smaller intestines, to throw out such an excess of serum, that constituted the grand features of this disease. And I am of the opinion, that very few died from any very serious injury either of the rectum or colon, as is generally the case in sporadic dysentery. And I have often thought since, that although it was regarded by all practitioners, who had any thing to do with its treatment, as epidemic dysentery; yet it resembled more the acute form of enteretic typhoid fever, than dysentery. But it wanted some of the most prominent symptoms of that malady. There was in the great majority of cases, little or no tenderness of the abdomen, no gurgling on pressure over the cæcum, or rose-colored spots upon the body; all of which we regard as pathognomonic, or nearly so, of acute enteretic typhoid fever.

The treatment of this disease may be summed up in a very

few words. Bleeding and mercury could not be borne; a mercurial course, so far as my observation extended, was uniformly fatal, and indeed every depleting agency had to be strictly ignored. Stimulants, opiates, and astringents were the only means that could be relied upon with any confidence. And where they were promptly and energetically used, they were uniformly successful. The chief indications to be filled generally, appeared to be three: 1st, To quiet the irritation of the bowels; 2d, Check the serous discharges; 3d, Sustain the strength. In my practice I accomplished these ends by the following prescription:

R. Brandy, 3 ii.

Tinct. Kino, 3 iss.

Tinct. Opii, grs. xxv. Mix.

This was administered in a wineglassful of yarrow tea, every two, four, or six hours, according to the necessities of the case. This prescription most always had the happiest effects, and indeed it was about the only thing in the shape of medicine that I gave throughout the whole epidemic. Animal jelly, toast, coffee and tea, were allowed for diet. The recumbent posture was strictly enjoined. Where the tenesmus was very severe, nothing furnished more speedy and permanent relief than the warm hip-bath. Injections of all kinds appeared to be injurious.

If I should give an opinion as to the origin of the disease. I could refer it to no other source than the blood. For in every instance that I had an opportunity of examining it, I found it quite altered in its normal constituents, presenting more the appearance of coffee-grounds than blood, deficient in red corpuscles and fibrine. The serum was always in excess but unusually thin and of a dirty yellow color. From this deteriorated quality of the blood, we can readily see why all antiphlogistic measures were so injurious and fatal to those who were affected with the disease. That this peculiar condition of the blood, was produced by a specific poison imbibed from the atmosphere, I have not the least doubt, any more so than I have that yellow fever, typhoid

fever, and intermittent fever, all arise from specific morbid agencies derived from the air we breathe.

Some medical writers have attempted to deny the existence of such morbid agencies, and also their infectious and contagious elements. But facts are too numerous, and their existence is too well known, to admit of a doubt. But as it is our object in this article to state facts, and not discuss theories, we will proceed briefly to describe the epidemic of 1852. This commenced about the first of July, at Palestine, a little town about five miles west of this place (Enon Valley) on the Ohio and Pennsylvania Railroad, and extended east about ten miles in length, and about five in breadth. The character of this disease was highly inflammatory, and presented features quite opposite to those of the epidemic first described. The invasion of the disease was generally sudden. The individual was at first seized with severe chills, succeeded by great fever and frequency of the pulse, with sickness at the stomach and vomiting, with griping in the bowels, and frequent desires to stool. The discharges were little else than blood and mucus, and very scanty at that. There was also pain and tenderness all over the abdomen. The fecal discharges, so far as I could learn, were arrested from the first, hence the colon was generally very much engorged with fecal accumulations, and the tormina and tenesmus incessant and excruciating. In many cases, the rectum was forced beyond the verge of the anus, by the frequent efforts at stool, and became a very painful complication of the malady. Suppression of urine and strangury were common attendants, and very difficult to manage. The tongue was very much coated, and the thirst incessant. There was pain in the back and head, and, in some cases, delirium. They generally complained of great heat in the lower part of the bowels, and on examination per anum, the rectum was found very tender to the touch, hot, and tumefied.

All the above symptoms were usually manifested in a very few hours after the commencement of the attack, and unless they were arrested before the seventh day, the patient would have a weak, irregular pulse, cold, clammy sweat, coldness of

the extremities, a tense abdomen, aphthæ, hiccough, petechiæ, and other precursory signs of dissolution, which would generally occur between the twelfth and fourteenth day. In favorable cases, convalescence would usually occur from the fifth to the tenth day. This was generally followed by the return of the pulse to its normal standard, cleaning of the tongue, a gentle and universal diaphoresis, the evacuations becoming less frequent and of a more natural consistence. This epidemic was mostly confined to adults, and did not appear to be of so contagious a character as the first. This disease was evidently true dysentery. Its essential pathological features were, inflammation of the mucous membrane of the colon and rectum, terminating in ulceration, erosions, and gangrene. In this epidemic, there appeared also to be an unusual proclivity to inflammation of the peritoneum and other coverings of the abdomen. The blood when drawn, looked normal, and always formed a consistent clot. The red corpuscles were abundant, and the fibrine somewhat in excess, pointing out, with unerring precision, the inflammatory nature of the disease, and the necessity of a rigid antiphlogistic course of treatment.

The following is the plan of treatment that I pursued with very little variation, in nearly every case I had the management of. As soon as the disease had fully developed itself, the individual was placed in a warm bath, and the skin thoroughly cleansed with soap; after which he was well rubbed and placed in bed, where he was allowed to rest for half an hour, after which he was set up in the bed and bled from a large orifice in the arm, until syncope was manifest. The recumbent posture was then strictly enjoined, and the following prescription was given:

℞. Mass Hydrarg. grs. x.
Opium pulv, grs. ii. Mix.
Divide in pil. No. 2.

And the abdomen was constantly moistened with the following:

℞. Alcohol, ℥ vii.
 Sp. Turpentine, ℥ iv.
 Gum Camphor, ℥ ss.
 Tinct. Opii, ℥ iii. Mix.

In twelve hours from the time the pills were taken, if there was no fecal matter in the discharges, castor oil, or compound syrup of rhubarb was given in ounce doses every three hours, until the bowels were freely evacuated, which was always attended with a marked abatement of the more urgent symptoms. The following was then used every three hours, until the disease began to subside, when it was given at longer intervals:

℞. Pulv. Opii, gr. i.
 Pulv. Ipecac., grs. ii.
 Nit. Potass. grs. v. Mix.

Tenesmus and stranguary were promptly and frequently permanently relieved by the warm hip-bath. Nausea and vomiting, by applying a half dozen cups along the spine. Gum water and yarrow tea were allowed for drink, and for the first day or two, the diet was principally restricted to toast and boiled rice; as the disease subsided, broiled beef, bread, and ripe fruits were allowed.

During this epidemic, I treated forty patients, all of whom recovered but two, and they were the first that fell under my care at the commencement of the epidemic, and they were *not bled*. Bleeding always promptly relieved the more pressing and painful symptoms, and where it was freely and fearlessly used in the commencement of the disease, the individual always speedily recovered. I knew one physician, who lost eight patients before he could be prevailed upon to use the lancet. After this, he did not loose a single one, and he treated a very large number. Even in cases where the disease had run from five to ten days, I saw it promptly arrested by a full bleeding. I will here relate one case which will serve as a type of several.

A young lady, aged twenty-one, of a nervo-sanguineous temperament, was attacked with the disease on the first of

August. According to her own statement, its invasion was very mild; so much so, that she continued to perform her usual household duties until the fourth, when she became much worse; took her bed, and sent for Dr. B., who was a regular Eclectic, bitterly opposed to bleeding, calomel, blistering, etc. He used his podophyllin, leptandrin, geranine, alkaline mixture, and sudorific powders, in regular succession, with no other result than an increase in the severity of the disease, until the eighth day, when I was called to attend her. I found her in the following condition:

Pulse, 110 per minute. Respiration, 30; and chiefly intercostal. Decubence on the back, and the extremities flexed. Tongue, very much coated. Skin, hot and dry. Abdomen, tumefied and very tender to the touch. Stomach irritable, rejecting food and medicine. Pain in the head and back. The discharges from the bowels are scanty and composed of little else than blood and mucus, with now and then a few very small scybala. Formina and tenesmus incessant. A partial suppression of urine, attended with considerable strangury.

The case at first was undoubtedly simple dysentery, but by improper treatment, peritonitis was induced as a complication, and although the disease had run eight days, I did not hesitate to use the lancet. She was set up and bled until syncope was induced. After re-action had taken place, the abdomen was freely cupped, and constantly moistened with a liniment composed of brandy, camphor, and tinct. opii., and a pill composed of the following was given every three hours:

R. Pulv. Ipecac., gr. $\frac{1}{2}$.
Pulv. Opii.,
Pill, Hydrarg, āā, gr. 1. Mix.

The next morning when I called, I found my patient much better. Pulse, 85. Skin moist and warm. Respiration quite natural. Very little tenderness of the abdomen. Has had two copious fecal evacuations during the night. No strangury or tenesmus. The stomach is very quiet, and she

has taken a little tea and dry toast. Continued the pills every six hours. From this time she mended rapidly, and on the fifth day from the commencement of my attendance, she was convalescent.

We might add much to what we have already said, in relation to the nature and treatment of these two epidemics, but as the space designed to be occupied by this article is nearly filled, we would briefly say, by way of conclusion, that, from an extensive experience of several years, in treating cases of sporadic dysentery, I am fully satisfied that there are but few instances in which the lancet can be entirely dispensed with, without subjecting our patient to the fearful risk of ulceration, thickening, and other structural changes of the bowels, by which his sufferings are prolonged, and his life endangered. And in the more violent forms of the disease, we can only be successful in their management by the prompt, free, and even repeated use of the lancet.

I am well aware that we are frequently deterred from using the lancet in dysentery, by apparent debility, which sometimes manifests itself at the commencement of the disease. We fear that if we bleed our patient, he will die from exhaustion. This is all a delusion. The danger is not from that source, but a more formidable one—disorganization of the intestines, softening, ulceration, and gangrene. Blood-letting is the most prompt and effective of all the known agencies that we possess to subdue inflammation. And why should it be ignored in the treatment of acute dysentery?

We should not, however, forget that the type of the disease indicates the nature of the treatment. This is manifested by the two epidemics we have just described. Depletion in the first was death, in the second, life. In the first, stimulants were always useful, in the second, injurious. Do you ask me why this difference? The answer is obvious. The first was the result of a degenerated condition of the blood constituents, wherein it became unfit to support and maintain a healthy condition of the body, and the smaller intestines were its chief medium of exit from the system, local lesions resembling those of dysentery. While the second

was merely a local disease, depending upon an opposite condition of the system, wherein the normal constituents of the vital fluid were in health, but the excrements from the upper bowels being overcharged with vitiated fluids, secreted by the liver and the pancreas, produce inflammation of the colon and rectum, attended with certain complications and constitutional phenomena that we denominate dysentery.

ART. III.—*Cases of Resection of the Superior and Inferior Maxilla.* By W. H. MUSSEY, M. D., Cincinnati.

CASE I, April 24, 1856.—Mrs. C., aged 50, has noticed, for four months past, the gradual enlargement of the cheek of the left side.

The development involves the maxillary and malar bones: in the position of the latter, and below it, is a large projection with an inflamed surface, and fluctuation can be distinctly felt in the lower half of it. There is no projection into the cavity of the mouth. Believing in the malignant character of the disease, I advised the removal, as likely to prolong life; and proceeded to operate, by making an incision from a point on a level with, and an inch posterior to, the fronto-malar suture, terminating in the angle of the mouth: and dividing the zygoma of the temporal bone a third of an inch from the temporo-malar suture, separating the fronto-malar suture, cutting the nasal process, and detaching the maxilla from its fellow.

The orbital ridge and floor were completely softened, and the "fluctuation" proved to be the result of the softening of a portion of the substance of the tumor, which was encephalomatous. The disease was not confined to the maxillary and malar bones, but seemed to have invaded the deep-seated tissues posteriorly, so as to lead me to expect the return of the disease.

The hemorrhage was abundant, though not seriously so: and the patient recovered rapidly, remaining well up to last February, since which I have heard nothing from her.

CASE II. *August 19, 1857.*—Mr. S., aged 51, native of Massachusetts, in May last, discovered that the lining of the mouth on the left side had a peculiar white aspect, was thickened and indurated with little warty developments scattered over the surface. Six weeks later, one tooth, with fragments of two others, were removed, and applications of nitrate of silver and alum made to the surface, which availed nothing in arresting the ulceration that was in progress. At this time, there is an ulcerated surface, including a portion of the covering of the hard palate, $2\frac{1}{2}$ by $1\frac{1}{2}$ inches. Externally there is an enlargement of the cheek, anterior to and below the malar bone.

Regarding the affection as of a cancerous character, I proceeded to remove the superior maxilla of that side, and commenced the division of the soft parts over the zygomatic arch, terminating in the angle of the mouth. The malar bone was sawed through its center according to the suggestion of Dr. R. D. Mussey (*vide Transact's Am. Med. Assoc.*, vol. 3, p. 364), and the soft palate was separated from the border of the hard palate, leaving it otherwise intact.

A mass of encephaloid disease, filling the antrum, had invaded the osseous structure anteriorly and posteriorly; and inferiorly and externally some of the soft parts required removal. The external wound healed readily; but internally, after four weeks, a small fungus sprouted from the inferior angle of the wound, which was subdued by the liberal application of powdered sulphate of zinc. There followed slight exfoliation of the malar bone, which was removed eight weeks after the operation. My apprehension is that the disease will return, as there are points on the internal surface not yet cicatrized, though there has been no decided redevelopment of the morbid growth.

The patient writes, under date of November 13, that he is doing well.

CASE III. RESECTION OF THE INFERIOR MAXILLA, *September 8.* Miss S., aged 18, eight weeks before consulting me, had felt trouble from a tooth in the lower jaw, and from that time had noticed a rapidly increasing enlargement of it.

A tooth was extracted, but the tumor increased. I decided to remove the inferior maxilla, and operated by an incision from the middle of lip to the lower border of the jaw, and along the border to the angle; then, dissecting the flap off, I extracted the first bicuspid tooth, and sawed the bone at this point, continuing the dissection in the manner suggested by Dr. R. D. Mussey (Transactions, Am. Med. Assoc., vol. 3, p. 364), for the preservation of the facial nerve; I disarticulated the bone without interfering with the branches of the nerve; in the progress of the operation the inferior maxillary artery was ligated before dividing it.

The wound healed kindly, and in two weeks was closed, but three days after opened, and a fragment of the remaining portion of the bone which had exfoliated was removed, after which the wound soon closed, leaving the face symmetrical, with a very slight depression in the situation of the body of the removed bone.

The specimen is one of osteo sarcoma.

ART. IV.—*Successful treatment of a Vesico-vaginal Fistula by Cauterization.* By G. BRUHL, M. D., Cincinnati, O.

MRS. H., aged 23 years, of small stature, primipara, after a protracted and tedious labor, was delivered of a large dead child, by the aid of the forceps. She being unable for the following three days to pass the urine, and nothing being done by the attending physician for emptying the bladder, she had to suffer all the inconveniences of retention of urine until the fourth day, when a sudden discharge of a large quantity of it brought a momentary relief—momentary only, because a laceration of the vesico-vaginal septum had taken place by the over-extension of the bladder. Fortunately, and singularly enough, life was preserved, but it was at the expense of all the deplorable consequences and tortures of a vesico-vaginal fistule—the incessant dribbling away of urine, the inflammation of the vagina, the excoriation and swelling of the neighboring external parts. I found her in

this condition fourteen days after her delivery—a most pitiful picture of professional negligence. Loss of appetite, a coated tongue, costive bowels, offensive lochial discharges, great pains and restlessness completed her suffering. The accompanying fever was of a regular intermittent type.

An examination with the finger and speculum revealed the seat, size and shape of the abnormal opening, running in a transverse direction, $1\frac{1}{4}$ inches long, a little above the center of the vagina. Two other fistulous rents—very probably dependent upon the maladroit use of the forceps—could be detected on either side of the vaginal walls, not however communicating with the bladder, as only through the first and largest one the examining finger touched the silver catheter previously inserted into the urethra.

But what was to be done? Commiseration alone effects no cure. The indications were clear. To abate the fever, quinine and extract hyoscyami were given, gentle laxatives to keep open the bowels; weak solutions of chloride of sodium injected, to correct the lochial discharges and allay the vaginal irritation; a gum-elastic catheter was placed in the urethra for keeping the bladder empty, with the view that by the constant contraction of that organ the edges of the artificial aperture might be brought in close apposition, and unite after a short suppuration. But as the continual catheterism caused severe suffering, I instructed the lady's nurse, a clever woman, how to apply the instrument, and had her make use of it every hour. By this means matters went on pretty well; the fever abated, sleep and appetite came on, the vaginal irritation subsided, but the fissure kept its former size.

Now I must confess that I only had taken charge of the case, to deliver it up, in proper time, into the hands of an able surgeon of my acquaintance, and therefore I at once represented to her the necessity of an operation. To that, however, she positively refused to submit, a female friend of hers having been twice operated upon without the slightest amelioration. Thus the only radical treatment left was cauterization. Although not much relied upon by the authorities

I still had some faith in it, as the case was of a recent date, and I had seen a similar one in clinical practice, under Prof. Blasing's direction, terminating favorably by its use. Forthwith I touched the edges of the opening gently, but effectually, with the lunar caustic, repeating the application twice a week. Strychnia, with nitrate of silver, were ordered to excite the expulsive powers of the muscular fibers of the bladder, and to lessen the undue secretion of its mucous membrane. Persevering in this method of treatment, I had the gratification to find that the abnormal chasm commenced to fill up by granulations in an unexpectedly short time; and about four weeks after, the lady, beaming with joy, told me that she could evacuate the urine spontaneously, and that not one drop did escape any more "by the wrong way." To my surprise, on examining, I found the abnormal opening completely closed.

Thus art had conquered a loathsome complaint, and restored a human life—otherwise condemned to misery and wretchedness—again to social enjoyment and happiness.

ART. V.—*Extract from a paper read before the Medico-Chirurgical Society of Cincinnati*, by J. F. WHITE, M. D.

Is there any certainty in Medicine? An important question. Upon its truthful answer depends the importance of our profession. If from Hippocrates to the present time nothing of certainty in medicine has been achieved, notwithstanding the close observation, the perilous exposure, the intense study which so many philanthropic, ambitious and talented men have practiced and subjected themselves to; aye, if medicine as a science and art is not as certain as most of its kindred, it is time we should disband; it is mockery to profess what we do. Disease has been watched and studied under every variety of circumstances. At one time, left entirely to the powers of nature; at another, subjected to the influence of various agents.

Now, as modified by infancy, childhood, youth, manhood

and old age; now by climate, manners and customs, and individual habits, occupations, etc., so that the practitioner of medicine can have a chart, by the intelligent study of which, and his own close observation at the bed-side, he may advise with as much certainty as any other professional man. The skillful navigator is not always successful in guiding his bark to the port of destination; knowledge and skill may be opposed by influences over which he can exercise no control, or at best barely escape from them in a dismantled condition; yet no sensible man will affirm that there is not sufficient certainty in the science and art of navigation to render their study important. The uncertainty of the law is a common saying, yet no well-informed man doubts that a learned, skillful and honest lawyer will so conduct his cases as to have justice done his client or his country. As in the case of the navigator, influences may be brought to bear against him entirely uncontrollable, thwarting his most wise and best-directed efforts, resulting in the loss of property or the allowing of a criminal to go unwhipt of justice. But still the science and art of law command our admiration.

The learned and pious divine may preach and pray, exhort and instruct, and still fail to induce men to walk in the strait and narrow way, not because there is no certainty in the practical results of Biblical religion, but on account of the counteracting influences which are in constant operation on those who knowing the right, yet do not the right obey!

So with medicine. It is folly to charge to our profession all the non-success which follows its ministrations. Yet many so do. We are consulted to relieve pain or cure disease, by giving medicine! Drugs, in infinitesimal or leviathan doses are regarded as the only weapons we possess to oppose the one or the other. To place a patient under restraint is regarded not only unimportant, but absolutely cruel! To say, Madam, you lace too tight; you wear too thin shoes; you rise too late; you do not work hard enough, or take sufficient exercise: or, sir, you chew too much tobacco, or drink too much "ardent," or indulge in too many luxuries to become or remain healthy; change your habits

of life, and you will attain the end you desire, grasp the object you seek,—is only to advise, and your breath is spent for naught. Give us medicine, a drug, doctor, which will cure us! Your advice is spurned, your nominal or real medicine is faithfully swallowed, and the patient's health and your reputation are not improved. Does this arise from the uncertainty of medicine, or from these causes? I care not how wise and skillful a general, a navigator, a lawyer, a divine or a physician may be, unless his commands are obeyed, his advice followed, there can be no certainty of a favorable result. What signifies it, if when breakers are ahead, and the command is given, by obedience to which safety will ensue, if the order is disregarded? Of what avail is a guide, by listening to whose voice and traveling the path he indicates you may emerge safely from the labyrinth in which you are entangled, if his advice is disregarded?

You are traveling a strange road, you inquire of those who ought to know the way, but on account of a more tempting path, you yield to your momentary passion, and thereby lose your way—it may be your gold, it may be your life!—would you or your friends be disposed to attribute the unfortunate result to the want of certainty of knowledge in those who directed you? Would not the loss, the forfeiture of life, be owing to want of confidence, or to self-reliance or stupid insensibility? So with the generality of people who seek to be directed in the right way, to be relieved of their ill health. They demand that which is impossible. They expect to be drugged, or dragged into good health, notwithstanding your protestations, and eagerly take every thing you prescribe, except advice, which conflicts with their notions, their engagements, or their desires. The well educated medical man knows the vanity of medicine "*per se*," in the majority of cases, which comes under his notice. He might as well throw physic to the dogs as, through its instrumentality alone, attempt to restore the invalid, in many cases. All close observers agree on this point. The shrewd Hahnemann begat for himself an unenviable notoriety by acting upon this principle, and establish-

ing a seat upon it. Infinitesimal doses, “*similia similibus curantur*,” ostensibly compose the leading feature of his system, but in reality they are nothing but blinds, used to shut out from ordinary gaze the fact that there exists in every living body a “*vis medicatrix naturæ*,” a self-restorative principle. By no means a fool, and anxious to accommodate wealth, he took advantage of the ignorance and credulity of the people, by observing that mere advice, however fruitful of the best results, unaccompanied by something to swallow, or smell, or rub, and withal not disagreeable, was slighted, followed or not according to caprice; while the same advice, accompanied with sugar, declared to contain a most potential dose, which, moreover, was so subtle in its properties as to require strict attention to the advice given to render it efficacious, effected the object, and infinitesimals were credited with the cure by the innocent, and at the same time benefited, patient.

But notwithstanding many disorders may be cured by intelligent advice, without the interposition of drugs, it is, nevertheless, a well-established fact, that nature is not always competent to the task, however favorable the circumstances under which the patient may be placed. There are disorders and stages of disorders where a medicine, derived either from the animal, vegetable or mineral kingdoms, is either absolutely necessary to a favorable result, or important in expediting convalescence. Their action is certain, when properly administered.

I wish now to direct your attention to the question, “Why is there a widespread skepticism as to its power of curing diseases, and why are men every where found who deny its pretensions as a science, and reject the benefit and blessings which it proffers them as an art?”

They who have watched the progress of medicine, who have observed the operations of its ministrations, who have experienced and witnessed the invaluable blessings with which it is fraught, are not skeptics. The latter are found among the ignorant and credulous. They are a class who form and express an opinion without due observation a

investigation of the subject. Intelligent they may be on most subjects; learned possibly in other sciences, and skillful in other arts to which they have devoted special and honest attention, yet in gross darkness on this subject, and thereby rendered credulous, and prone to become victims to charlatans. They judge of our science and art, not by the benefits the true physician, from Hippocrates to the present time, has bestowed upon humanity, the many valuable lives protracted, and loathsome diseases prevented by his knowledge and skill, but by the hecatombs of victims sacrificed upon the altars of ignorance and pretension, or from disobedience to the mandates of the wise physician, or turning a deaf ear to his advice.

It is not the fault of medicine that skepticism exists, that many more lives are not annually saved, or more sufferers from disease reinstated in their original health.

TRANSLATIONS.

Selections from German Journals, translated for the Cincinnati Medical Observer.

ART. VI.—*Arsenic in Asthma.*

THE Presse, Med. Belg., gives the following observations of Dr. Geens on the effect of arsenic in asthmatic complaints.

1, In the essential asthma, the arsenic had an unexpected favorable effect. No relapse was observed, yet after several years.

2, In the asthma complicated with pulmonic catarrh, it modified and facilitated the expectoration better than any known remedy, and diminished the number and intensity of the attacks.

3, In the asthma depending on emphysema, it relieved strikingly the respiration and mitigated the suffocative attacks.

4, In the asthma depending on diseases of the heart, the doctor thinks it contra-indicated.

His formula is:

℞. Solut. Arsen. Fowler 3ss—3j.

Aq. menth. pip. 3iv.

Aq. cinnam., syr. Diacod., āā, 3i. Mix.

Give a tablespoonful twice daily, and every fourth day one more.

Dr. Neuman's Mixture for Morbus-Brightii.

℞. Sumitant. absynth. 3ss.

Rad. calomi aromatic, rad. gentian, rad. imperator, āā, 3ij.

Bacc. juniper, 3ss.

Bacc. lauri, 3ij.

Sem. dauci erect. 3ij. Mix.

These species are to be digested with 3xxiv of French wine, for 24 hours, and two tablespoonfuls to be taken thrice daily.—*Froriep's Notizen*.

Xanthium spinosum as a preventive against Hydrophobia.

Dr. Koslow, a Russian physician, relates in the "Journal of the Ministry of the Interior," that he has used the above plant with a certain result against the bite of mad dogs. He gives the powder in decoction, 3iss—3ij, daily for fourteen days, pauses then for six days, and continues it again for nine days in half doses. During this time, the wound was washed with the same decoction, and kept open by tearing off the crusts. Of six persons and three dogs so treated, none were attacked by hydrophobia; a fourth dog, to which no medicine was administered, turned rabid the seventh day.—*Schmictz Jahrbucher*, 93, 3.

Warm baths in Delirium Tremens.

Dr. Nucker, physician in chief of the Citizens' Hospital in Cologne, Prussia, uses warm baths, accompanied with cold

affusions of the head, with the happiest results in the treatment of delirium tremens. Sometimes the patients fell asleep during the operation, without the assistance of any medicinal agent, and were able to leave the hospital the following day—as he says—cured. Only in a few cases the bathing had to be repeated, and a few doses of opium or tartar emetic, to be given. The temperature of the water must be kept at 26° R., and the patient in it from four to ten hours.—*Froriep's Notizen*, 3, 8.

IN the Universal Hospital, of Vienna, a case of chronic lead-intoxication, accompanied with severe headache, and paralysis of the extremities, was cured by the internal use of the bromide of chlorine (four drops per diem), in nineteen days.—*Oestr. Zeitsoh, f. pr. Heilk.*

C O R R E S P O N D E N C E .

Boston, November 7, 1857.

EDITORS MEDICAL OBSERVER:—

AMID the universal cry of “hard times,” the question is often asked, does the physician feel the pressure of the money panic? or, are his pecuniary means affected thereby?

The answer to this question is obvious. In the first place, collections for services are almost impossible. Persons of small means, if they have money, will retain it for some anticipated emergency; others, deprived of labor, look to their little deposit for immediate support; while the business men need all their resources to sustain their position in the mercantile community; consequently, the doctor is the *last* man to witness the expiring agonies of his patron's purse.

Again, the economizer may, at times, become the student of nature, and neglect to call in his medical adviser until the death-knell awakes in him the consciousness that the flower of his family is fast fading away, notwithstanding the

regrets that he did not avail himself of the skill of his physician in arresting what nature seems incompetent to fulfil.

The so-called luxuries of the table are not so freely indulged in; food becomes more simple, and less apt to vitiate the secretions of the body; intemperance finds fewer victims, and the demons of the still fewer votaries to sing pæans at the shrine of Bacchus. While, on the other hand, hunger and want will furnish their quota of afflictions, which ever need the fostering care and skill of the humane and benevolent physician.

Such times as these afford a strong argument for the cash-paying system. Those physicians among us who have adopted that plan, now feel secure—their hard-earned fees are within their control. Failures, suspensions, etc., have but little effect upon them—the thousands who are idle, or who seek employment in other places—do not leave them with bill unpaid. But it may be asked, “How could this class of persons pay at every visit, when a financial crisis comes? If the cash system was adopted, no physician would object to visit his former paying patrons without fees, when adversity met them unprotected; and all of our charitable institutions would not want for medical skill to alleviate the necessities of the poor and needy.

Among the numerous bequests of the late John E. Thayer, of this city, is one to the venerable Dr. James Jackson, who has been the medical adviser of the family of the deceased for two generations. The bequest consists of one thousand dollars a year during his life, to be continued to Mrs. Jackson if she survives her husband. The intelligence of this bequest was imparted to the doctor on his eightieth birthday. Such a “remembrance” surely gives a universal satisfaction in our community; and we would that more of our rich men would heed the mandate, “go thou and do likewise,” to their medical advisers.

Some very clever editorials (considering that one of the writers is still in the free enjoyment of bachelorship), upon the hygiene of dress, crinoline, etc., among the females, have appeared in the Boston Medical and Surgical Journal. We

like the tenor of them, and hope our friends will persevere, and,

"Let truth and honor steer the helm,
And let their motto read—
We never swerve from duty when
There's justice in the deed."

Quite animated discussions have taken place of late, in two of our medical societies, upon the success of the operation upon cases of *imperforated anus*, and also of *imperforate rectum*. The general experience is, that the operation is unsuccessful, although some cases were reported where the little patients did well, and the evacuations became free and easy.

Last Wednesday was the inauguration day of our medical schools. At 12 o'clock the opening address was given before the class of the Harvard School, and a large number of medical gentlemen, by Prof. George C. Shattuck. I will not attempt to give a report of the address, which was an able and interesting production; but simply state some of the topics considered. He gave some interesting historical facts concerning the establishment of the Harvard school, when there were but two professors. He spoke of the liabilities of disease, and the importance of educated practitioners to combat them: dwelling at some length upon the necessity of having all of the various *faculties* of the medical student thoroughly cultivated: instancing several examples of ancient physicians—such as Galen, Boerhave, Haller, and others—whose fame and success were clearly traceable to their early and rigid discipline in the various branches of the collateral sciences, and the length of time devoted to their more immediate studies. He gave a graphic description of the system of training students in Tuscany and France.

The importance of the cultivation of the moral and religious nature, was commented upon at some length—self-control and self-restraint, kindness and courtesy, must be learned. The student must study well to discover the frailties of himself, in order that he may be better prepared to deal justly with the frailties of those with whom he may be called upon to render his services. The pretensions of charlatans, mis-

akes in prognosis and a variety of other subjects were listened to with marked attention.

The opening exercises of the Female Medical School also took place on Wednesday afternoon. This institution is still struggling to prolong its existence.

The Boston Veterinary Institute commenced its third session in the evening. It has been in successful operation for three years, and is the only one of the kind, I believe, which has met with much success in this country. I give you a brief report of the address delivered by Geo. H. Dadd, Veterinary Surgeon, and Dean of the faculty :

“He argued strongly in favor of educating men for the practice of Veterinary Medicine and Surgery. He said that pity for the brute creation alone should be sufficient to induce us to sustain such an enterprise. It might be considered a novel profession, and by some very foolish people, a degraded calling, but in the old countries it was not so, and even royalty had lent its aid and support to this great enterprise. Much good might be done in this Commonwealth, and much valuable stock saved, by the establishing of a thoroughly bred Veterinary Surgeon in each county. He suggested that a college should be established and sustained by subscription and State gifts, where the science of Veterinary Surgery should be taught to all who choose to enter the college, and those who were not able to pay their own expenses, should receive assistance. He urged the assistance of all owners of stock, and of the State, and County Associations, in aid of the undertaking.”

To show you the consistency of one of our Homœopathic practitioners, I will give you a *verbatim* copy of one of his prescriptions:

R. Burdock root.	one half ounce.
Dwarf elder root bark,	two ounces.
Golden seal,	one ounce.
Lemon balm,	one ounce.

Put all into one pint of gin, take from three to five drops in one teaspoonful of cold water, morning and night. Through the day, one half a teaspoonful put into a teaspoonful of cold water.

The above was recently given to a lady—comment is unnecessary.

Respectfully,

B.

REVIEWS AND NOTICES.

A Collection of Remarkable Cases in Surgery. BY PAUL F. EVE, M. D., Professor of Surgery in the University of Nashville. *Ars medica tota observationibus.*—FREDERICK HOFFMAN. *La Médecine ne s'enrichit que par les faits.*—F. J. V. BRUSSAIS. Philadelphia, J. B. Lippincott & Co., 1857.

This new book, by Prof. EVE, of Nashville, has been anticipated for some time by the profession, and, from the notices of it in the medical journals, doubtless, much has been expected from it. In some aspects, it is novel in its character; we have, indeed, special departments of some of our periodicals devoted to rare cases in surgery—but we have had no entire work of this character, until this volume of *Remarkable Cases*.

It would be difficult to convey any just idea of Prof. EVE's book, without occupying more space than we can spare. We may, however, say, that it is systematically arranged in ten chapters, as the author remarks in his preface—"The usual and now well established division of the human body has been adopted in this collection of cases." Thus we have fifty pages of cases pertaining to injuries of the head; thirty pages to the spinal column; a chapter on the face; one on the neck; the chest, abdomen, pelvis, genito-urinary organs, the extremities, and teeth, miscellaneous cases in surgery.

The volume is certainly a vast store-house of the kind of matter it professes to give; remarkable cases gathered up from the great field of surgical literature, scattered through our works on surgery, and nearly all the periodical literature of the world; remarkable cases illustrating the vast powers of endurance in the human economy; remarkable cases of impalement on pitch-forks, spindles, and pokers; remarkable wounds and accidents, with recovery; remarkable surgical operations, resulting in success and relief. It is, we repeat, a vast store-house of this kind of information, much of which will be read by the physician with all the interest of romance. And still, notwithstanding the wonderful amount of industry, research, and careful discrimination which is manifestly exhibited in the preparation of this work, yet it is not the kind of work we had hoped to see from Prof. EVE, and not the work that we believe properly represents his high capacity and worthy position in the ranks of our profession. We trust Prof. EVE will not rest satisfied with this effort—he belongs to a class of men in whom the West and South take pride, and we hope he will devote himself to the speedy preparation of a volume of his

own surgical practice—we do not mean a system of practical surgery, we have enough of such—but reflections upon the treatment and management of surgical disease and accidents, as occurring in the experience of the author. Such a work, we believe, would be highly acceptable to the friends and pupils of Prof. EVE, and redound to his enduring reputation, far more than the compend before us. †

For sale by Truman and Spofford. Price \$3 50.

Human Histology. In its relations to Descriptive Anatomy, Physiology, and Pathology. With four hundred and thirty-four Illustrations on Wood. By E. R. PEASLEE, M. D., Professor of Physiology and Pathology in the New York Medical College; of Anatomy in Dartmouth College, etc., etc., etc. “*Maxime in minimis.*” Philadelphia, Blanchard & Lea, 1857.

To criticise the new work before us with safety, requires a more careful and thorough study of it than we have yet found leisure to give. It belongs to the class of strictly and severely scientific works, which may not be passed in judgment with a hasty revisal. Enough, however, is manifest to permit us, with propriety, to commend the book of Prof. PEASLEE to our brethren with cordiality. In the first place, it is essentially an American work—indigenous to the soil. The author has, indeed, drawn from European works of a similar character, for which he makes handsome acknowledgements, but even these are not of the especial scope contemplated by Dr. PEASLEE. But it is not only American, but so far as we know, it is pioneer in its department in our country. These considerations bring us to the perusal of the book with peculiar interest and satisfaction.

To use his own language, Prof. PEASLEE has aimed in this work, “First, To give a connected view of the simple chemical elements, of the immediate principles, the simple structural elements, and the proper tissues entering into the composition of the fluids and the solids of the human body. And second, To associate with the structural elements and the tissues, their function while in health, and the changes they undergo in disease.”

The arrangement of the contents is simple and natural, being really in accordance with the general plan as enunciated in the paragraphs just quoted. The first seventy pages being taken up in an analysis of the *Immediate principles* composing the human body, and the remainder in a discussion of the *Simple Histological Elements*, as of fiber cells, etc. Of the *Fluids of the human Body*, as lymph, chyle, blood

secretions, and excretions. Of the *Tissues*, as epithelium, nails, hair, fibrous tissues, cartilage, bones, muscular-tissues, the vascular system, alimentary canal and its appendages, urinary organs, sexual organs, organs of special sense, etc., etc., etc. Dr. PEASLEE brings to his task an experience ripened by the culture required for the successful teaching of kindred topics for a period of sixteen years, and the general plan of the present work has been in preparation for a large part of that time.

In most respects, the execution of the work is excellent; clear, good type, and good illustrations. In the copy, however, received by us, there is an imperfection very materially impairing the appearance of the volume, about one half being printed on paper very decidedly darker than the remainder. †

For sale by Truman & Spofford. Price \$3 75.

The Medical Student's Vade Mecum. A Compendium of Anatomy, Physiology, Chemistry, Surgery, Obstetrics, etc., etc., etc. BY GEORGE MENDENHALL, M. D., Professor of Obstetrics and Diseases of Women and Children, in the Medical College of Ohio. Fifth Edition. Revised and greatly Enlarged. Two hundred and twenty-four Illustrations. Philadelphia, Lindsay & Blackiston, 1857.

Our near relation to the esteemed author of the *Medical Students' Vade Mecum*, renders it a matter of delicacy to speak greatly in praise of the book before us; we may, however, properly enough quote the brief comment of the *Boston Medical and Surgical Journal*. "When a book reaches a fifth edition, it is evident that it is in good demand. We have examined this compendium, and find it what it purports to be, a brief outline of the various departments of medical science, and apparently prepared with great care." There are several compends before the profession of this character, some are certainly inferior to this in accuracy and usefulness—we think none of them are superior. The object of such a work as this, is not to take the place of the more extensive and standard works; but, as Dr. Mendenhall remarks in his preface, it is "to furnish the student of medicine with a short and succinct view of the most important facts and principles which engage his attention during his pupilage, in order that he may refresh and fix more firmly upon his memory what he has seen and heard, as well as to enable him properly to arrange his materials so as to use it in the most advantageous manner."

The profession at large has already expressed its hearty commen-

dation of this book, and we deem it improper to make further comment. †

For sale by Rickey, Mallory & Webb. Price \$2 00.

THE PHYSICIAN'S VISITING LIST FOR 1858.—No physician who has once used the very convenient *Visiting List*, prepared by Lindsay & Blackiston of Philadelphia, will know how to dispense with it. We have received this little annual for 1858, and find it even improved in some respects. It contains an Almanac, Poisons with their Antidotes, Tables for calculating the period of Utero-gestation, Blank leaves for visiting list, ruled for each day in the year, Various Memoranda, etc., etc., all compiled in convenient size for the pocket. Price from 50 cents to \$1 00, according to size and style—being prepared for either 25 or 50 patients—either in flexible cloth, or leather with tucks. For sale by Truman and Spofford, and by Rickey, Mallory & Webb. †

EDITORIAL AND MISCELLANY.

CLOSE OF THE VOLUME.

As this number of the *Observer* is mailed, we close up our editorial labors for another year; and as we thus mark another era in our history as a medical journal, we are naturally led to indulge in a variety of reflections—reflections for the most part pleasant and satisfactory—some of them otherwise. During the year, we have done a great deal of hard work, such as none can understand until they harness up in the workshop of a medical journal. We have experienced a sincere desire to make a useful, practical, and agreeable journal, adapted to the wants of that large class of the aristocracy of medicine—the working physician.

It is not for us to say how far we have succeeded in our efforts, but we wish to make our acknowledgements for the good nature and patience of our friends, and to express our thanks for the many hearty words of commendation they have seen fit to bestow upon us. And although we have been subjected to anxiety from a variety of causes connected with our publication, yet we are sure it will gratify our friends and patrons to know that the condition of the *Observer* is healthy, and our prospect for length of days flattering; for all which

we, again, return our thanks to our many friends, for the exertions they have made in our behalf, without this exertion seconding our endeavors, we should surely fail; we take this occasion to respectfully solicit their continuance, and, so far as possible and consistent, an increase of their activity.

We have to lament that we do not reach our own standard of excellence, but we shall not, therefore, cease our striving. Letting the dead past bury its dead, we press forward to the living matters of the present and future; for the course of that future, however, our past is offered as our only guarantee; but while we make no especial pledges, we shall hope to make each successive number of the next volume more attractive in interest. Our friends can do much to insure this by a rich and abundant supply of contributions. We shall aim, as heretofore, to conduct an honorable, impartial, and independent journal of medicine. We are supported by no clique or faction—we design to represent no special interests, except those connected with the general welfare of the medical profession. We rely upon the patronage of a candid, generous profession, and we are certain we shall experience no disappointment in our most ardent hopes.

In accordance with time-honored custom, we offer with this December number, the compliments of the season—our congratulations, our merry Christmas to all who have journeyed with us through the year. We trust our subscribers will be duly remembered in the midst of these holiday festivities, by the patients they have faithfully served, and that the receipt of their well-earned fees may afford to them solace and comfort.

We shall be glad to journey through another year with the friends of the past; and if any feel constrained to part with us, we must hope it will be with a friendship that shall allow us to come together again perchance, and wander still further in the fields of science, and among the pleasant vales of medical letters. †

THE BELMONT MEDICAL SOCIETY.

AN EXPLANATION.

IN the September number of the *Medical Observer*, we printed a report of the proceedings of the Belmont Medical Society, for its July session, held at Bellair, and prepared for this journal by Dr. Affleck, the reporter for the society. We regret to learn that the transactions

of that meeting, and the published report, have given rise to an unpleasant misunderstanding between some of the members of the society, and that to some extent, we have become innocently involved in the difficulty—innocently, because we have the most sincere respect for all the parties interested in the matter. We think the misapprehension grows out of an honest difference of opinion between these gentlemen as to matters of fact, by no means involving, of necessity, either their truthfulness or good faith. Furthermore, at this distance, and with the various versions of different gentlemen before us, each highly esteemed by us personally, we are satisfied that we are not the proper umpire, and the pages of the *Observer* not the proper place for determining these differences. We trust our Belmont County friends will settle their difficulty among themselves, and without bitterness. It seems proper, however, to make some additional explanation concerning what has already appeared in the *Observer*, directly or indirectly, bearing upon this matter.

Shortly after the publication of the September number, we received nearly simultaneously, the article on tumors, by Dr. M'Conahay, published in the November number, and a communication from "*A Member*." The first of these alludes briefly to that portion of the report of Dr. Affleck relating to the case of Cook, styling it as "not only insufficient to convey correct and satisfactory views of the case, but characterized (I make no doubt unintentionally) by inaccuracy of statement." We published that article in full, because it appeared to us courteous in spirit and phraseology—simply expressing a difference in opinion concerning the case in review—and not being aware of any special feelings we failed to observe any thing that could be regarded as offensive. "*A Member's*" article was devoted to a special reply to the "*Reporter*," giving in particular detail what he considers "some unfair advantages taken by the '*Reporter*,' and quite a number of misrepresentations." We declined its publication, because material portions of it expressed, as we thought, an undue spirit of personal reflection. With this reference to these communications from two responsible members of the society, evidently without concert or collusion, we think it will be easy to understand how we were led to regard Dr. Affleck's report as being characterized, at least, by a spirit of badinage, or even to make the editorial comment found in the November number. We have, however, received a communication from Dr. Affleck, complaining of that comment, "As not warranted by facts, and can not be sustained." In proof of which, he sends us the certificates of Dr. L. Schooley, of Belmo:

President of the Belmont Medical Society; Dr. Henry West, of St. Clairsville. Secretary: Dr. S. B. West, of Martin's Ferry, and Dr. J. Weirich, of Martinsville, all of whom were present during the proceedings reported, and who sustain Dr. Affleck very fully. We do not think it necessary to give the communication in full, or all of these certificates. They are essentially the same as the following—from Dr. Schooley.

BELMONT, O., November 12, 1857.

DR. J. G. AFFLECK:

DEAR SIR: I regard your report of the proceedings of the Belmont Medical Society, published in the September number of the *Cincinnati Medical Observer*, as a fair, candid, and impartial "exhibit of the positions and opinions of the members who participated in the proceedings reported."

Very respectfully,
L. SCHOOLEY,
President.

We hope this explanation will place Dr. Affleck right before the readers of this journal, and his fellow-members of the Belmont Society. We certainly had no intention of placing him, or any other member of the society, in a false or unpleasant position, and especially with the conflicting correspondence received, we regret having expressed any opinion whatever.

We have devoted more space to this matter than its mere local interest would justify, but we desire to do entirely right to all parties, and that there will be no occasion to open up the subject again.

In this connection, we may remark that we understand objection has been made to certain changes of phraseology, made in the letter of Dr. Cobb, as printed with the article of Dr. M'Conahay. We have no apology to offer for this: we have failed to discover any change affecting the import and sentiment of the letter, and took no liberty with it that we should not take with any correspondent whatever, and we think the propriety of this course ought to be sufficiently apparent.

Collodion Material for Artificial Tympanum.—Mr. Henry Bridgman reports to the American Medical Gazette, a plan for preparing a new material for artificial tympanum. He says:—"Upon a well polished plate of steel or glass, apply successively several coats of *Collodion*, let it well dry for a few minutes, and polish it a little, so as to the surface smooth; then remove the coat carefully from the and a thin, transparent material will be the result, which

will be found to possess all the qualities required for the above purpose."

Material prepared from rubber, has been heretofore used, but is liable to various objections, which appear to be obviated in this new suggestion, which Mr. Bridgman states was used by a friend with complete success. †

Phytolacca Decandra (poke root), in granular Ophthalmia.—Some time since (see page 424 of this volume), a paragraph was published in this journal recommending the *poke root* in that very troublesome affection, granular conjunctiva. Dr. Sidney Stevens, of Illinois, writes us that, in accordance with the suggestion, he has tried the remedy with almost marvelous results. †

New Chemical and Pharmaceutical Establishment.—Messrs. W. J. M. Gordon and Brother of our city, have recently made arrangements to enter largely into the manufacture of chemical and pharmaceutical preparations. They have fitted up a building in the eastern part of the city, and have already made some very nice articles. These gentlemen are prominent members of the American Pharmaceutical Association, and are well known in our city as scientific, practical chemists. Their preparations, therefore, will be entitled to the entire confidence of the public. Should any of our friends from a distance visit the city, either of these gentlemen will take great pleasure in showing their articles and taking them through their new establishment.

It is proper to say also in this connection, that Mr. E. S. Wayne is connected with this enterprise as manufacturing chemist; this will afford an additional guarantee of the quality of these preparations. †

Death of Mr. Crawford, the American Artist.—Sometime since, we had occasion to notice the connection of Prof. Gibson with the case of our unfortunate countryman, Mr. Crawford. Subsequently, he passed into the hands of the great cancer quack, Fell, and although great promises were made, yet his case steadily progressed toward its unavoidable fatal termination. He sleeps his last sleep. †

Medical College of Ohio.—We are gratified in being able to state that the session now in progress, evidences a degree of prosperity, under its new auspices, very satisfactory to the friends of the institution. The class is large, and the attendance full. From occasional

visits to the college, we are pleased to believe that there is a healthy state of things, betokening a return of its best days. The faculty are working earnestly, and certainly will earn a high degree of success.

†

Dr. Parvin's Article.—We think our readers will find the original essays of this month unusually interesting; and of these we think the report of a recent trial for poisoning, in Indianapolis, by our friend Dr. Parvin, is particularly readable. Dr. Bruhl's case of vesico-vaginal fistula successfully treated, without an operation, is also of special interest.

†

Eye Surgery.—We are glad to observe that Dr. Williams is succeeding in establishing a position in his specialty. We know of no man in our city who has stronger claims to confidence, in this department of surgery, than Dr. Williams. He has for two or three years been cultivating a tri-weekly clinic, which has grown to considerable importance. These clinics are held at St. John's Hotel for Invalids, and are accompanied by clinical instruction in diseases of the eye, of which many of the students in attendance at the Medical College of Ohio, are availing themselves. We also learn that Dr. White is giving practical instructions, at the same place, in *Physical Diagnosis*. All such efforts contribute to the attractions and facilities for medical teaching in our city, and we wish these gentlemen abundant success. †

Back Volumes.—We still have left a few complete sets of 1856, and a good supply of 1857, which we should be glad to close out at \$1 00 for each volume, scarce the cost of the ink and paper that make them up. Volume 1 contains portraits of Drs. Mussey, and Drake. Volume 2, of Drs. Shotwell and Buckner. We shall also forward to exchanges or subscribers, duplicates of missing numbers with great pleasure.

†

Parr's Ink.—We have been using ink from the establishment of J. C. Parr, druggist on 5th street, in this city, and find it a very excellent article.

Winter Retreat at Magnolia, East Florida.—We have received the circular of Dr. A. D. Benedict, who refers to Dr. Harris, 43 East 30th street, New York; Dr. Harris, 1116 Spruce street, Philadelphia; Bishop Potter, Philadelphia, and others. He has established a Retreat as above, which is beautifully situated on St. John's river, 25 miles south of Jacksonville, and 20 miles west of St. Augustine. It affords

many facilities for the comfort and recreation of the invalid seeking the benefit of a mild climate, or for the mere pleasure-seeker, desirous of spending a pleasant winter in Florida. The house is fitted up as a well arranged boarding-house. It is now ready for the reception of guests, at \$10 per week and upward, according to accommodations. If the professional services of Dr. Benedict are required, that is an extra charge. †

Delay—Apologetic.—The present number of the *Observer* has been delayed somewhat later than usual, in order that we might complete our arrangements for the new year. We respectfully solicit the indulgence of our patrons, trusting that we shall be able hereafter to issue promptly about the first of each month. †

Atlantic Monthly.—The publishers, Messrs. Phillips, Sampson & Co., have sent us *number one* of this new candidate for the favor of periodical readers. We confess to having entertained a strong prejudice against the *Monthly* previous to its appearance, but as we thumb over its beautifully printed pages, we have experienced a most agreeable feeling of disappointment. It certainly promises to be the *American Blackwood*, if it continues to sustain its beginning. Take for instance, *Pendlam the Reformer*, and we have a happy vein of satire that would do no discredit to old Kit North. We object, however, to its anonymous style—we presume we are not singular in feeling a peculiar pleasure in the association of authors and their articles—if an article is good, we feel a desire to know whose is the paternity—if we see a familiar name, we also are attracted to know what he says. Terms, \$3 per annum, for sale every where. †

Godey's Lady's Book for December is already on our table, and, if possible, Godey has outdone himself, but promises still better for January, 1858—is that possible—we shall see. We call attention to Godey just now particularly, as being a good time to subscribe. We have heretofore called attention to its varied excellencies and beauties, its engravings, patterns, colored fashion-plates, plans for model cottages, its chaste and elevated literary matter, and we simply repeat that we consider the *Lady's Book* the most complete Lady's Magazine published in the Union. Terms, \$3 per annum. 2 copies for \$5, 3 copies for \$6. Should any of our subscribers desire to make a new year's present to their wives of Godey, at club rates, we will take great pleasure in sending the *Observer* and *Godey* for \$4. †

Pamphlets received.—*A case of Fibrous Tumor of the Uterus*, accom-

panied with excessive hemorrhage, successfully treated by incision. By B. Fordyce Barker, M. D. New York, 1857.

Lesions of the Epiglottic Cartilage. By Horace Green, M. D., LL. D. New York, 1857. Being a reprint from the American Medical Monthly.

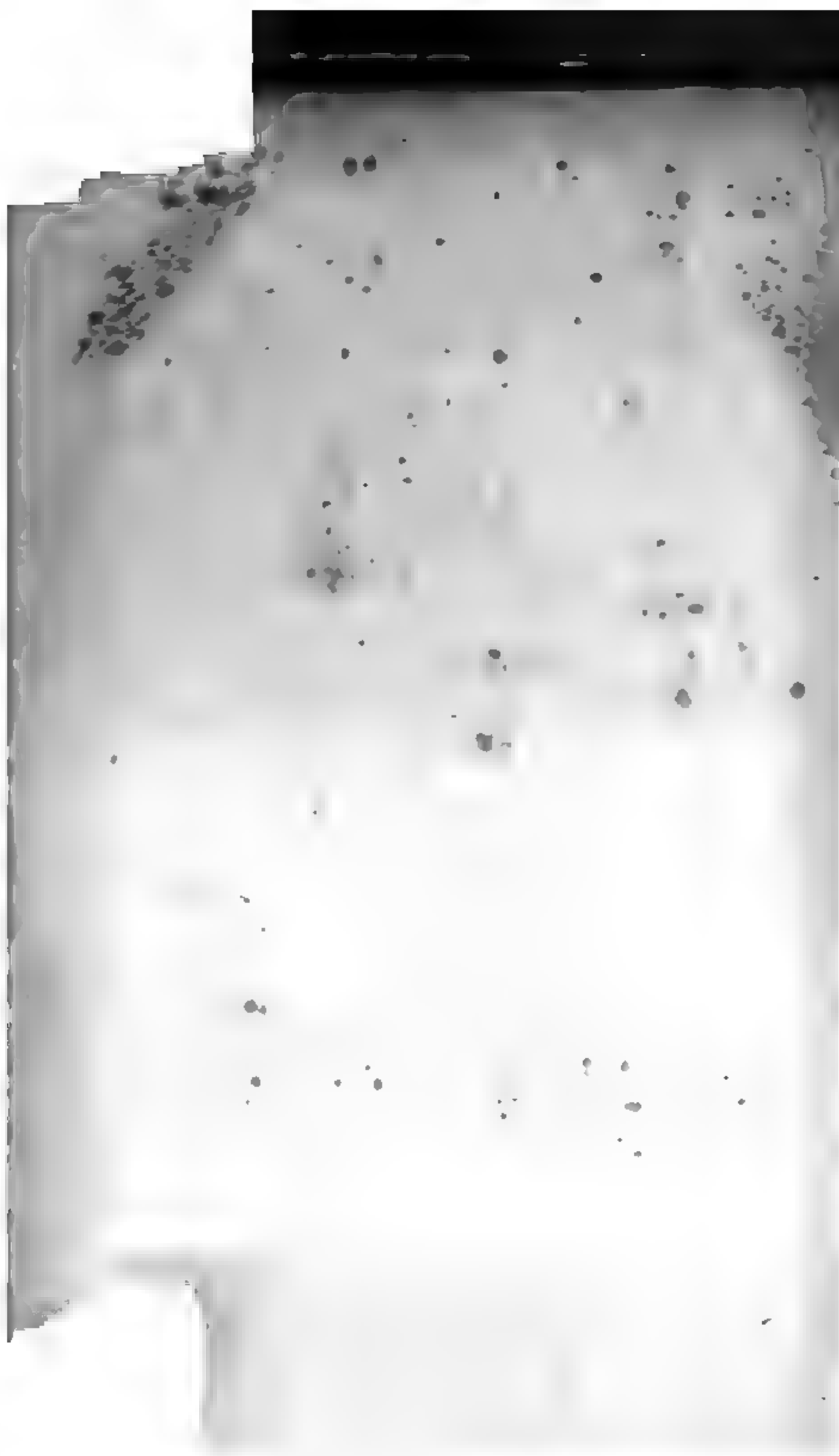
An Introductory Lecture delivered at the opening of the Thirty-eighth Course of Lectures, in the Medical College of Ohio. By L. M. Lawson, M. D. We have already noticed this excellent lecture at some length, and we are glad to see it put in pamphlet form.

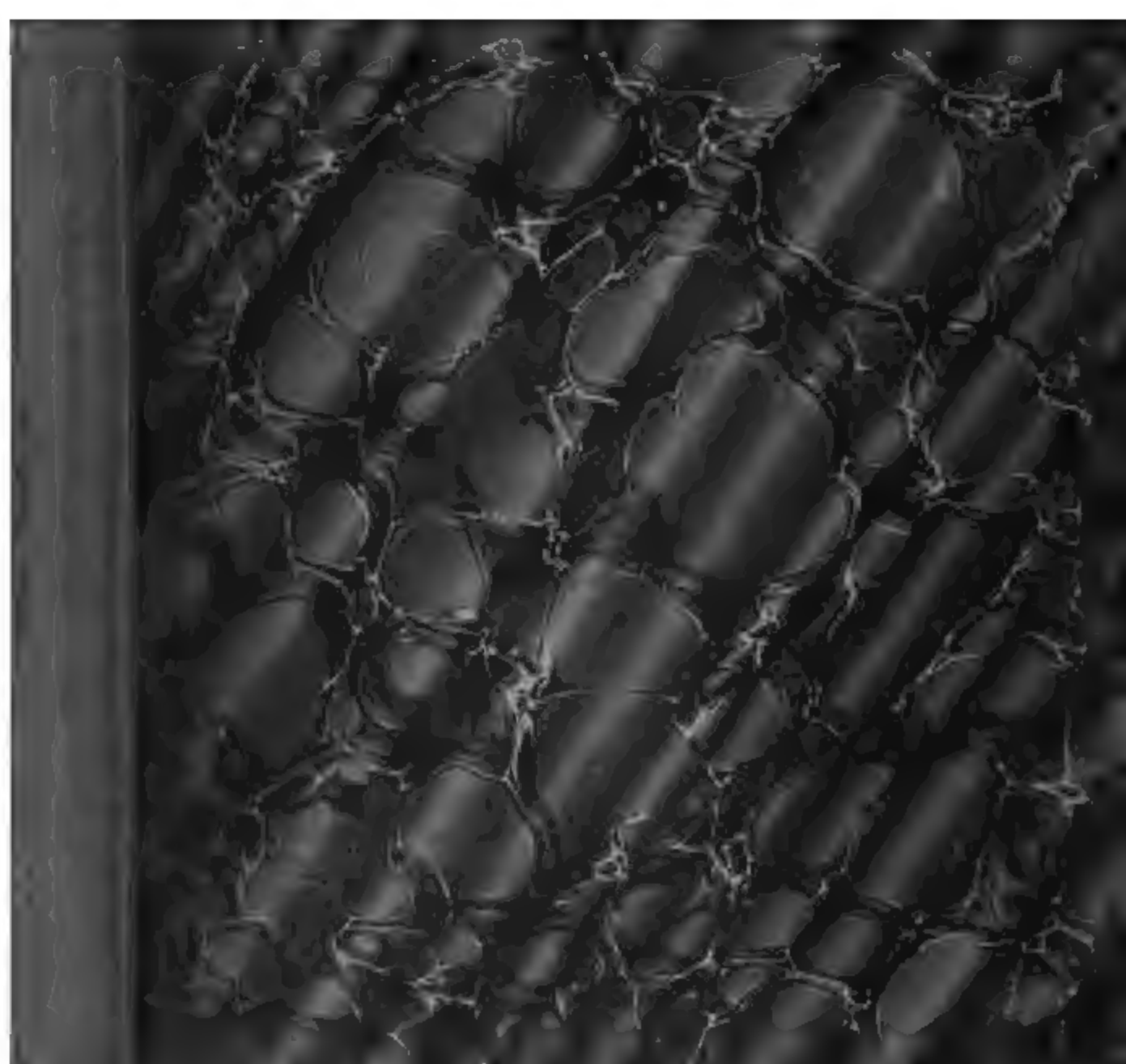
Scripture Evidences of a General System of Medical Practice being taught in the Bible, and a comparison of this system with Rational Medicine and Homeopathy. By N. D. Stebbins, M. D. A reprint from the Peninsular Journal of Medicine. This is a pamphlet of 80 pages, bearing internal evidence of research and industry; but as devoted to a refutation of the claims of Homeopathy, we have but little patience with it. We have no patience to talk with the believers in that *ism*. They are a class of whom not one in ten will candidly wade through these 80 pages, and upon whom ordinary argumentation is thrown away, as are pearls, etc. †

ANECDOTE OF DR. RADCLIFFE.—Radcliffe, one of the most eccentric and witty men of his time, lived, at one time, in Bow street, Covent Garden. Between his garden and that of Sir Godfrey Kneller, the king's painter, a door had been made to allow the doctor the pleasure of visiting the rich collection of exotic plants contained in the latter garden. Radcliffe's servants became depredators; Sir Godfrey remonstrated; and, the grievance continuing, Sir Godfrey sent his compliments to Dr. Radcliffe, accompanied by a threat to lock the door. The wit answered that Sir Godfrey might "do with the door as he pleased, so that he did but refrain from painting it." "Did my good friend Dr. Radcliffe say so?" cried Sir Godfrey. "Go back, present my service, and say that I can take any thing from him, but his *physic*." This anecdote has been immortalized in verse:

"Quoth Kneller, 'I'll certainly stop up that door,
If I ever find it unlocked any more.'
'Your threats,' replied Radcliffe, 'disturb not my ease,
And so you don't *paint* it, e'en do what you please.'"







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